# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 1-15, 2008.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

| Application for Fed                | ieral Assista     | nce SF-424                |          |                               | ·             | \                  | /ersion 02    |
|------------------------------------|-------------------|---------------------------|----------|-------------------------------|---------------|--------------------|---------------|
| 1. Type of Submission:             |                   | * 2. Type of Application: | •        | If Revision, select appropria | te fetter(s): |                    |               |
| Preapplication                     |                   | X New                     |          |                               |               |                    |               |
| Application                        |                   | Continuation              | •        | Olher (Specify)               |               |                    |               |
| Changed/Correcte                   | d Application     | Revision                  |          |                               |               | ]                  | :             |
| *3. Date Received:                 | <u> </u>          | 4. Applicant Identifier:  |          |                               |               |                    |               |
| Completed by Grants.gov upon       | n submission.     |                           |          |                               |               |                    |               |
| 5a. Federal Entity Identifi        | er:               |                           |          | 5b. Federal Award Idon        | ufler:        | 150                | EIVE          |
|                                    |                   |                           |          |                               |               | //NOV              |               |
| State Uso Only:                    |                   |                           |          |                               |               | NOV<br>STATE CLEAR | <b>3</b> 2008 |
| 6. Date Received by State          | e:                | 7 State Applica           | itlon lo | dentifier:                    |               | OLEAR              | WG.           |
| 8. APPLICANT INFORM                | IATION:           |                           |          |                               |               |                    |               |
| *a. Logal Name. Domi               | nican Unive       | rsity of Californi        | .a       |                               |               |                    |               |
| * b. Employer/Taxpoyer k           | dentification Num | nbor (EIN/TIN):           |          | ° c. Organizational DUNS      | ):            |                    |               |
| 94-1156525                         |                   | -                         |          | 074664855                     |               |                    |               |
| d. Address:                        |                   |                           |          |                               |               |                    |               |
| * Street1: 50                      | Acadia Aver       | ກນບ                       |          |                               |               |                    |               |
| Street2:                           |                   |                           |          | av .                          |               |                    |               |
| * City: Sai                        | n Rafael          |                           |          |                               |               |                    |               |
| County: Ma:                        | zin               | <del></del>               |          | <b>₩</b>                      |               |                    |               |
| * State:                           |                   |                           |          | CA: California                | a             |                    |               |
| Province:                          |                   |                           |          |                               |               |                    |               |
| * Country:                         |                   |                           |          | USA: UNITED STAT              | TES           |                    |               |
| * Zip / Postal Codo: 94            | 901-2298          |                           |          | 107                           |               |                    |               |
| e. Organizational Unit:            | •                 | ***                       |          |                               |               | •                  |               |
| Department Name:                   |                   |                           |          | Division Name:                | <del></del>   |                    |               |
| Natural Sciences                   | & Mathematic      |                           | ٦l       |                               |               |                    |               |
| f. Name and contact in             | formation of pe   | erson to be contacted o   | n mat    | tters involving this appli    | cation:       |                    |               |
| Prefix. Ms.                        |                   | • First N                 | lame:    | Julia                         |               |                    |               |
| Middle Name:                       |                   |                           |          |                               |               |                    | <del></del> - |
| *Last Name: Arno                   | THE STREET        |                           | -        |                               |               |                    |               |
| Suffix:                            | <u> </u>          |                           |          |                               |               |                    |               |
| Ittle: Director, Res               | earch & Spo       | inscred Programs          |          |                               |               |                    |               |
| Organizational Affiliation:        |                   | <del>.</del>              |          |                               |               |                    |               |
| Dominican University of California |                   |                           |          |                               |               |                    |               |
| * Telephone Number: 4:             | 15-257-0141       |                           |          | Fax Number:                   | 415-257-0162  |                    |               |
| *Email: julia.arno@                | dominican.c       | rdy.                      |          |                               |               | <u> </u>           |               |

| Application for Federal Assistance SF-424  | Version 02 |
|--|------------|
| 9. Type of Applicant 1: Select Applicant Type:   |            |
| O: Private Institution of Higher Education   |            |
| Type of Applicant 2: Select Applicant Type:  |            |
|  |            |
| Type of Applicant 3. Select Applicant Type.  | _          |
|  |            |
| * Other (specify):   |            |
|  |            |
| * 10. Name of Federal Agency:  |            |
| National Oceanic and Atmospheric Administration  |            |
| 11. Catalog of Federal Domestic Assistance Number:   |            |
| 11.463   |            |
| CFDA Title:  |            |
| Habitat Conservation   |            |
|  |            |
| * 12. Funding Opportunity Number:  |            |
| NMFS-HCPO-2009-2001494   |            |
| *Title·  |            |
| NOAA General Coral Reef Conservation Grants Program  |            |
|  |            |
|  |            |
| 13. Competition identification Number:   |            |
| 2119910  |            |
| Title:   |            |
|  |            |
|  |            |
|  |            |
| As Aven Affected by Protect (Older Counties States as )  |            |
| 14. Areas Affected by Project (Cities, Counties, States, etc.):  The fieldwork will be conducted in Region 9. The outcome of this research could impact all                                  |            |
| regions with ocean coral reef habitats.  |            |
|  |            |
|  |            |
| * 15. Descriptive Title of Applicant's Project:  |            |
| This is a pilot project to develop a small to medium scale management tool that would utilize NOAN's Coral Reaf Watch (CRW)-Satellite Bleaching Alert (SBA) system to reduce coral bleaching |            |
| events.  |            |
|  |            |
| Attoch supporting documents as specified in agency instructions.   |            |
| Add Attachments Delete Attachments View Attachments  |            |

| Application  | for Federa  | l Assistand               | e \$F-424  |               | _                |            |                             | Version 02      |
|--|---|---------------------------|--|---------------|------------------|------------|-----------------------------|-----------------|
| 16. Congress   | Ional District  | s Of:                     |  | •             |                  |            |                             |                 |
| a. Applicant   | Ta. Applicant 06 Tb. Program/Project 06,01                                      |                           |  |               |                  |            |                             |                 |
| Attach an addit  | Attach an additional list of Program/Project Congressional Districts If needed. |                           |  |               |                  |            |                             |                 |
|  |   |                           | Add Attechment   | Delete /      | Machment         | View       | Attachment                  |                 |
| 17. Proposed   | Project:  |                           |  |               |                  |            |                             |                 |
| a. Start Date:   | 08/01/20  | 09                        |  |               |                  | * b. E     | ind Oate: 02/01/2011        |                 |
| 18. Estimated  | Funding (\$):   |                           |  |               |                  | _          |                             | ·               |
| * a. Federal   |   |                           | 50,000.00  |               |                  |            |                             |                 |
| * b. Applicant   |   |                           | 82,877.00  |               |                  |            |                             |                 |
| * c. State   |   |                           | 0.00   |               |                  |            |                             |                 |
| * d. Local   |   |                           | 0.00   |               |                  |            |                             |                 |
| ▼ e. Olher   |   |                           | 0.00   |               |                  |            |                             |                 |
| *f. Program in   | come  |                           | 0.00   |               |                  |            |                             |                 |
| g. TOTAL   |   |                           | 132,877.00   |               |                  |            |                             |                 |
| b. Prograi   | m is subject to<br>n is not cover   | E.O. 12372 led by E.O. 12 | le to the Stale under the but has not been selected 372.  Federal Debt? (If "Ye Explanation" | ted by the S  | State for review | <b>v</b> . | s for review on             | 0/30/2008 .<br> |
| 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)    AGREE   The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. |   |                           |  |               |                  |            |                             |                 |
| Authorized Re  | presentative  | •                         |  |               |                  |            |                             |                 |
| Prefix:  | Ms.   |                           | * First Na   | ımə: Jul      | ia               |            |                             |                 |
| Middle Name:   |   |                           | F-1-16-10 10000 V  |               |                  |            |                             |                 |
| " Last Name:   | Arno  |                           | _  |               |                  |            |                             |                 |
| Suffix:  |   |                           |  |               |                  |            |                             |                 |
| * Title: Dir. Research and Sponsored Programs  |   |                           |  |               |                  |            |                             |                 |
| *Telephone Number: 415-257-0141 Fax Number: 415-257-0162   |   |                           |  |               |                  |            |                             |                 |
| * Email: juli  | a.arno@dom  | inican.edu                |  |               | **               |            |                             |                 |
| • Signature of A   | uthorized Rep   | resentative;              | Completed by Grants.gov up   | on submission | * Date :         | Signed:    | Completed by Grants.gov upo | on submission.  |

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Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

| APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY  Version 01.1 |                                     |  |  |  |  |
|---|-------------------------------------|--|--|--|--|
| * 1.a. Type of Submission:  | *1.b. Frequency:                    | * 1.d. Version:  |  |  |  |
| Application   | Annual                              | X Initial Resubmission Revision Update                           |  |  |  |
| Plan  | Quarterly                           | *2. Date Received: STATE USE ONLY:                               |  |  |  |
| Funding Request   | Other                               | Completed by Grants, gov upon submission.                        |  |  |  |
| Other   |                                     | 3. Applicant Identifier: 5. Date Received by State:              |  |  |  |
| * Other (specify)   | * Other (specify)                   |  |  |  |  |
|   |                                     | 4a. Federal Entity Identifier:  6. State Application Identifier: |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
| 1.c. Consolidated Application/Plan                                  | /Funding Request?                   | 4b. Federal Award identifier:                                    |  |  |  |
| Yes No X  |                                     |  |  |  |  |
| 7. APPLICANT INFORMATION:   |                                     |  |  |  |  |
| ' a. Legal Name:  |                                     |  |  |  |  |
| San Francisco Bay Area Rapi   |                                     |  |  |  |  |
| * b. Employer/Taxpayer Identificati                                 | ion Number (EIN/TIN):               | * c. Organizational DUNS:  |  |  |  |
| 95-1552685  |                                     | 047409107  |  |  |  |
| d. Address:   |                                     |  |  |  |  |
| * Street1:  |                                     | Street2:   |  |  |  |
| 800 Madison Street  |                                     | County: NOV 0 3 2008   |  |  |  |
| * City:   |                                     | County: NOV 0 3 2008   |  |  |  |
| Oakland   |                                     | 11 1 1 1   |  |  |  |
| * State:  |                                     | Province: STATE CLEARING HOUSE                                   |  |  |  |
|   | lifornia                            |  |  |  |  |
| * Country:  |                                     | * Zip / Postal Code:   |  |  |  |
| USA: UNI  | TED STATES                          | 94607-4730   |  |  |  |
| e. Organizational Unit:   |                                     |  |  |  |  |
| Department Name:  |                                     | Division Name:   |  |  |  |
| Grant Development   |                                     |  |  |  |  |
| f. Name and contact information of                                  | f person to be contacted on matters | involving this submission:                                       |  |  |  |
|   | st Name:                            | Middle Name:   |  |  |  |
| Mr. Alam  | n                                   | Ernest   |  |  |  |
| * Last Name:  |                                     | Suffix:  |  |  |  |
| Lec   |                                     |  |  |  |  |
| Titte   |                                     |  |  |  |  |
| Title: Principal Financial Analyst                                  |                                     |  |  |  |  |
| Organizational Affiliation:   |                                     |  |  |  |  |
| 77/0  |                                     |  |  |  |  |
| * Telephone Number: 510-464-612                                     | 21                                  | Fax Number: 510-464-7673   |  |  |  |
| *Email: Alcol@bart.gov  |                                     |  |  |  |  |

NOV. 3. 2008 2:45PM NO. 1894



# **Grant Application Package**

| Opportunity Title:                                 | Transit Greenhouse Gas Emis   | sions Managemen                 | nt Compendium  |   |
|--|---|---------------------------------|--|---|
| Offering Agency:                                   | DOT/Federal Transit Adminis   | tration                         | This electronic dents application is intelliged to<br>be used to apply to the specific Fade all fording  |   |
| CFDA Number:                                       | 20.514  |                                 |  | opportunity referenced terror (1997)  |
| CFDA Description:                                  | Public Transportation Resea   | rch                             |  | If the Federal Anding opportunity listed is not   |
| Opportunity Number:                                | D2008-GHG-TRI   |                                 |  | the apportunity for which you want to apply   |
| Competition ID:                                    | D2008-GHG-TRI   |                                 |  | close this application package by clicking of the<br>pancer button at the rap of this 65 den. You |
| Opportunity Open Date:                             | 09/16/2008  |                                 |  | will then no discolorate the correct Federal  |
| Opportunity Close Date:                            | 11/03/2008  |                                 |  | trinding appareurity, downtoad its application (<br>and, then apply a second of the second        |
| Agency Contact:                                    | Jarrett Stoltzfus; 202-493-<br>Transportation Program Spec<br>Federal Transit Administrat<br>Office of Technology<br>1200 New Jersey Ave., SE | ialist<br>ion                   |  |   |
| tribal government, as<br>* Application Filing Name | nly open to organizations, applicant cademia, or other type of organizations.  BART Greenhouse Gas Emissi                                     | ion.<br>.ons Mgmt Proj          |  | tions on behalf of a company, state, local or   |
| Mandatory Documents                                |   | Move Form to<br>Complete        | - Control of the Cont | ments for Submission  |
|  |   | Move Form to<br>Delata          |  |   |
| Optional Documents Attachments                     |   | Move Form to<br>Submission List | Optional Docume  | ents for Submission   |
|  |   | Move Form to<br>Dotate          |  |   |

## jin**st**eletlons,



## Enter a name for the application in the Application Filing Name field.

- This application can be completed in its entirely offline; however, you will need to login to the Grants.gov website during the submission process,
- You can save your application at any time by clicking the "Savs" button at the top of your acreen,
- The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.



#### Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

- It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
- The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narralive or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for epecific types of grant activity, Reference the application package instructions for more information regarding "Optional Documents".
- -To open and complete a form, simply click on the form's name to select the item and then click on the ⇒ button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
- All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error measage.



### Click the "Save & Submit" button to submit your application to Grants.gov.

- Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
- Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
- The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
- You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

| APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY  Version 01.1 |  |  |                                  |  |
|---|--|--|----------------------------------|--|
| * 1.a. Type of Submission:  | * 1.b. Frequency:                      | * 1.d. Version:                          |                                  |  |
| <b>⋉</b> Application  | X Annual                               | Initial Resubmission                     | Revision Update                  |  |
| Plan  | Quarterly                              | * 2. Date Received:                      | STATE USE ONLY:                  |  |
| Funding Request   | Other                                  | Completed by Grants,gov upon submission. |                                  |  |
| Other   |  | 3. Applicant Identifier:                 | 5. Date Received by State:       |  |
| * Other (specify)   | * Other (specify)                      |  |                                  |  |
|   |  | 4a. Federal Entity Identifier:           | 6. State Application Identifier: |  |
|   |  |  |                                  |  |
|   |  |  | <u></u>                          |  |
| 1.c. Consolidated Application/Plan                                  | /Funding Request?                      | 4b. Federal Award Identifier:            |                                  |  |
| Yes No X  | 1.00.00                                |  |                                  |  |
| 7. APPLICANT INFORMATION:   |  |  |                                  |  |
| * a. Legal Name:  |  |  |                                  |  |
| San Francisco Bay Area Rapi   | d Transit District                     |  |                                  |  |
| * b. Employer/Taxpayer Identificat                                  | ion Number (EIN/TIN):                  | * c. Organizational DUNS:                |                                  |  |
| 95-1552685  |  | 047409107                                |                                  |  |
| d. Address:   |  |  |                                  |  |
| * Street1:  |  | Street2:                                 |                                  |  |
| 800 Madison Street  |  |  |                                  |  |
| * City:   |  | County;                                  |                                  |  |
| Oakland   |  |  |                                  |  |
| * State:  |  | Province:                                |                                  |  |
| CA: Ca  | lifornia                               |  |                                  |  |
| * Country:  | :                                      | * Zip / Postal Code:                     |                                  |  |
| USA: UNI  | TTED STATES                            | 94607-4730                               |                                  |  |
| e. Organizational Unit:   | · · · · · · · · · · · · · · · · · · ·  |  |                                  |  |
| Department Name:  |  | Division Name:                           |                                  |  |
| Grant Development   |  |  |                                  |  |
| f. Name and contact information o                                   | f person to be contacted on matters in | volving this submission:                 |                                  |  |
|   | st Name:                               | Middle Name:                             |                                  |  |
| Mr. Ala   | n '                                    | Ernest                                   |                                  |  |
| * Last Name:  |  | Suffix:                                  |                                  |  |
| Lee   |  |  |                                  |  |
|   |  |  |                                  |  |
| Title: Principal Financial Analyst                                  |  |  |                                  |  |
| Organizational Affiliation:   |  |  |                                  |  |
|   |  |  |                                  |  |
| *Telephone Number: 510-464-61                                       | 21                                     | Fax Number: 510-464-7673                 |                                  |  |
| * Email: ALeel@bart.gov   |  |  |                                  |  |

NO. 1894 P. 5

| APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY  Version  | on 01.1     |
|---|-------------|
| *8a. TYPE OF APPLICANT:   |             |
| D: Special District Government  |             |
| * Other (specify):  |             |
|   |             |
| b. Additional Description:  |             |
|   |             |
| * 9. Name of Federal Agency:  |             |
| DOT/Federal Transit Administration  |             |
| 10. Catalog of Federal Domestic Assistance Number:  |             |
| 20.514  |             |
| CFDA Title:   |             |
| Public Transportation Research  |             |
| 11. Areas Affected by Funding:  |             |
| Counties: Alameda, Contra Costa, San Francisco, San Mateo   |             |
|   |             |
|   |             |
| 12. CONGRESSIONAL DISTRICTS OF:   |             |
| * a. Applicant: b. Program/Project;   |             |
| 7,8,9,  |             |
| Attach an additional list of Program/Project Congressional Districts if needed.                           |             |
| districts.doc Districts.doc   |             |
| 13. FUNDING PERIOD:   |             |
| a. Start Date: b. End Date:   |             |
| 11/03/2009  |             |
| 14. ESTIMATED FUNDING:  |             |
| * a. Federal (\$): b. Match (\$):   |             |
| 175,000.00  |             |
| * 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?                       |             |
| a. This submission was made available to the State under the Executive Order 12372 Process for review on: | $\neg \neg$ |
| b. Program is subject to E.O. 12372 but has not been selected by State for review.                        |             |
| c. Program is not covered by E.O. 12372.  |             |

NO. 1894 P. 6

NOV. 3. 2008 2:46 PM

| APPLICATION FOR FEDER   | RAL ASSISTANCE SF-424 - MANDATORY   | Version 01.1 |
|---|---|--------------|
| * 16. Is The Applicant Delinquent                                     | t On Any Federal Debt?  |              |
| Yes No X  |   |              |
| are true, complete and accurate<br>resulting terms if I accept an awa | certify (1) to the statements contained in the list of certifications** and (2) that the statements her to the best of my knowledge. I also provide the required assurances** and agree to comply with a ard. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to penalties. (U.S. Code, Title 218, Section 1001) | eln<br>ny    |
| Agree 🔀   |   |              |
| ** This list of certifications and assume instructions.               | urances, or an internet site where you may obtain this list, is contained in the announcement or agency s   | ecific       |
| Authorized Representative:  |   |              |
| Prefix:   | * First Name:   |              |
| Ms.   | Dorthy  |              |
| Middle Name:  |   |              |
|   |   |              |
| * Last Name:  |   |              |
| Dugger  | × × × × × × × × × × × × × × × × × × ×   |              |
| Suffix:   | • Title;  | 1            |
|   | General Manager   |              |
| Organizational Affiliation:   |   |              |
|   |   |              |
| * Telephone Number:   |   | <u> </u>     |
| 510-464-6060  |   |              |
| • Fax Number:   | •   |              |
| 510-464-5009  |   |              |
| * Email;  |   |              |
| ddugger@bart.gov  |   |              |
| Signature of Authorized Represer                                      | ntative:  | -            |
| Completed by Grants.gov upon su                                       | bmission.   |              |
| * Date Signed:  |   |              |
| Completed by Grants.gov upon su                                       | bmission.   |              |
| Attach supporting documents as sp                                     | pecified in agency instructions.  |              |
| Admitte the pres  | michgrents Ves Africalments   |              |

| APPLICATION FOR   |   | O DATE OUDMITTED   |                                    | A 1! A   - 1 - 1       | Version 7/03   |
|---|---|--|------------------------------------|------------------------|--|
| FEDERAL ASSISTANCE  |   | 2. DATE SUBMITTED  |                                    | Applicant Ider         |  |
| 1. TYPE OF SUBMISSION: Application  | Pre-application                         | 3. DATE RECEIVED BY  | STATE                              | State Applicat         | ion Identifier   |
| Construction  | ☑ Construction                          | 4. DATE RECEIVED BY  | FEDERAL AGENC                      | Federal Identi         | fier   |
| Non-Construction  | Non-Construction                        | on   |                                    |                        |  |
| 5. APPLICANT INFORMATION Legal Name:  |   |  | Organizational Ur                  | iit·                   |  |
| County Service Area 29  |   |  | Department:                        |                        |  |
| Organizational DUNS:  |   |  | County of San Ber                  | nardino, Special D     | istricts Department  |
|   |   |  | Water and Sanitati                 |                        |  |
| Address:<br>Street:   |   | - · · · · · · · · · · · · · · · · · · ·  | involving this app                 |                        | erson to be contacted on matters ea code)                          |
| 157 West Fifth Street, 2nd floor  |   | Personal Indiana property and reserve and  | Prefix:                            | First Name:<br>James   |  |
| City:<br>San Bernardino   |   | RECEIVE  | Middle Name<br>Albert              |                        |  |
| County:<br>San Bernardino   |   | NOV 4 2008   | Las Name<br>Oravets                |                        |  |
| State:<br>CA  | Zip Code<br>92415-0450                  | *** ** ZUUO  | Suffix:                            |                        |  |
| Country:<br>United States of America  |   | STATE CLEARING HOU   | Simail:                            | ounty gov              |  |
| 6. EMPLOYER IDENTIFICATION  | N NUMBER (EIN):                         | The second secon | Phone Number (give                 | e area code)           | Fax Number (give area code)  |
| 9 5 -6 0 0 2 7 4 8  | 1                                       |  | (909) 387-5940                     |                        | (909) 387-5542   |
| 8. TYPE OF APPLICATION:   | 1                                       | <del>-</del>   | 7. TYPE OF APPL                    | ICANT: (See bac        | k of form for Application Types)                                   |
| If Revision, enter appropriate lett   |   | tion Revision  | G. Special District                | - Governed by Co       | ounty Board of Supervisors   |
| (See back of form for description   |   |  | Other (specify)                    |                        |  |
| Other (specify)   | *************************************** |  | 9. NAME OF FEDI                    | RAL AGENCY:            |  |
| 10. CATALOG OF FEDERAL I  | OMESTIC ASSIST                          | NCE NUMBER:  | 11 DESCRIPTIVE                     | TITLE OF APPLI         | CANT'S PROJECT:  |
| TO. GATALOG OF TEDERAL  | 70 MEO 110 A0010 17                     |  | Consolidation of L                 |                        | At a   |
| TITLE (Name of Program):  |   | 1 0 - 7 6 0  | a savetyment production is a sec   |                        | Ok   |
| Water and Waste Disposal Loar  12. AREAS AFFECTED BY PR                       |   | tion States ato !:   | _                                  |                        |  |
| Lucerne Valley Community  | OSECT (Cities, Court                    | nies, States, etc.).   |                                    |                        |  |
| 13. PROPOSED PROJECT  |   |  | 14. CONGRESSIO                     | NAL DISTRICTS          | OF:  |
| Start Date:   | Ending Date:<br>Spring 2012             |  | a. Applicant<br>25, 26, 41, 42, 43 |                        | b. Project<br>41   |
| Spring 2009  15. ESTIMATED FUNDING:   | Spring 2012                             |  |                                    | ON SUBJECT TO          | REVIEW BY STATE EXECUTIVE  |
| a. Federal \$   |   | 00   | ORDER 12372 PRO                    | DESS?                  | N/APPLICATION WAS MADE   |
|   |   | 991,920  | AVAIL                              | ABLE TO THE ST         | ATE EXECUTIVE ORDER 12372  |
| b. Applicant \$   |   | 40,900   | PROC                               | ESS FOR REVIE\         | V ON   |
| c. State \$   |   | 3,700,000  | DATE:                              |                        |  |
| d. Local \$   |   | UU   | b. No. 🔲 PROG                      | RAM IS NOT COV         | /ERED BY E. O. 12372   |
| e. Other \$   |   | .00  |                                    |                        | T BEEN SELECTED BY STATE   |
| f. Program Income \$  |   | .00  |                                    | EVIEW<br>CANT DELINQUE | NT ON ANY FEDERAL DEBT?  |
| g. TOTAL \$   |   | 4,732,820  | ☐ Yes If "Yes" att                 | ach an explanation     | n. 🛮 🖾 No  |
| 18. TO THE BEST OF MY KNO<br>DOCUMENT HAS BEEN DULY<br>ATTACHED ASSURANCES IF | AUTHORIZED BY T                         | IEF, ALL DATA IN THIS APP<br>HE GOVERNING BODY OF  |                                    |                        |  |
| a. Authorized Representative  |   |  |                                    | U M                    |  |
| Prefix  | First Name<br>James                     |  | Alb                                |                        |  |
| Last Name<br>Oravets  |   |  | Suff                               |                        |  |
| b. Title<br>Division Manager  | Com A                                   |  | elephone Number<br>9) 387-5940     | (give area code)       |  |
| d. Signature of Authorized Repre  | sentative                               | 1. / pavels  |                                    | oto Cianad             | 30/08  |
| Previous Edition Usable<br>Authorized for Local Reproduction                  |   |  |                                    |                        | Standard Form 424 (Rev.9-2003)<br>Prescribed by OMB Circular A-102 |

OMB Number; 4040-0004

|                    |                           |  |  |                          | Expiration Date: 01/31   | /2009         |  |  |
|--------------------|---------------------------|--|--|--------------------------|--|---------------|--|--|
| Application i      | for Federal Assista       | ance SF-424                              |  |                          | Version  | on <b>0</b> 2 |  |  |
| 1. Typo of Subr    |                           | * 2. Type of Application:                | If Revision, select appropriato letter(s): |                          |  |               |  |  |
| Preapplicat        |                           | New                                      |  |                          |  |               |  |  |
| Application        |                           | Continuation                             | Other (Sp                                  | ecify)                   | RECEIVED   | 7             |  |  |
| Changed/C          | Corrected Application     | Revision                                 | <u> </u>                                   |                          | i i  | 1             |  |  |
| * 3. Date Receive  | ed:                       | 4. Applicant Identifier:                 |  |                          | NOV 0 5 2008   |               |  |  |
| 5a. Federal Entily | v Identifier:             |  | * 5b. Fe                                   | deral Award Identifier:  | STATE GLEARING HOUSE   |               |  |  |
|                    |                           |  |  |                          | And the second s | į.            |  |  |
| State Use Only     |                           |  | 1 [  |                          |  |               |  |  |
| 6. Date Received   |                           | 7. State Application                     | n Identifier:                              |                          |  | 1             |  |  |
| 8. APPLICANT I     |                           | 11 10 10 10 10 10 10 10 10 10 10 10 10 1 |  |                          |  |               |  |  |
|                    | <del></del>               | rvation District of Sc                   | Anto (1911)                                | County (BCDCCC)          |  |               |  |  |
|                    |                           |  |  |                          |  |               |  |  |
| 94-6000-534        | xpayer Identification Nur | mber (IZIN/TIN):                         | 1,4 52 0 9                                 | anizational DUNS:        |  |               |  |  |
|                    |                           |  | 14 0203                                    | 70.71                    | -  |               |  |  |
| d. Address:        |                           |  |  |                          |  |               |  |  |
| * Street1:         | 820 Bay Ave,              | Suite 128                                |  |                          |  |               |  |  |
| Street2:           |                           |  |  |                          |  |               |  |  |
| " City:            | Capitola                  |  |  |                          |  |               |  |  |
| County;            |                           | LN ,                                     |  |                          |  |               |  |  |
| * State:           | 11.1                      |  | CA   | : Celifornia             |  |               |  |  |
| Province:          |                           |  | 11 P. 11                                   |                          |  | _             |  |  |
| * Country:         |                           |  | USλ:                                       | UNITED STATES            |  |               |  |  |
| * Zip / Postel Cod | de:  95010                |  |  |                          |  |               |  |  |
| e. Organization    | el Unit:                  |  |  |                          |  |               |  |  |
| Department Nam     | 10:                       |  | Division                                   | Name:                    |  |               |  |  |
|                    |                           | ·  |  |                          |  |               |  |  |
| f. Name and co     | ntact information of p    | erson to be contacted on m               | natters invo                               | olving this application: |  |               |  |  |
| Prefix:            | •                         | * First Nam                              | re: Jeni                                   | nifer                    |  |               |  |  |
| Middlo Name:       | SARA F.                   |  |  |                          |  |               |  |  |
| * Last Name:       | Stern                     |  |  |                          |  |               |  |  |
| Suffix:            |                           |  |  |                          |  |               |  |  |
| Tille: Project     | Manager                   |  | 91.00                                      |                          |  | •             |  |  |
| Organizational A   | ffiliation:               |  |  |                          |  |               |  |  |
|                    |                           |  |  |                          |  |               |  |  |
| * Telephone Nun    | nber: (831) 454-29        | 950 ext. 24                              |  | Fax Number: (831) 475-   | 3215   |               |  |  |
| *Email:            | n@rcdoantacruz.o          |  |  |                          |  |               |  |  |
| 1,000              |                           | -3                                       |  |                          |  |               |  |  |

| Application for Federal Assistance SF-424   | Version 02 |
|---|------------|
| 9. Type of Applicant 1: Select Applicant Type:  |            |
| D: Special District Government  | 7          |
| Type of Applicant 2: Select Applicant Type:   |            |
|   |            |
| Type of Applicant 3: Select Applicant Type:   |            |
|   |            |
| Other (specify):  |            |
|   |            |
| * 10. Name of Foderal Ageπcy:   |            |
| National Oceanic and Atmospheric Administration   |            |
| 11. Catalog of Federal Domestic Assistance Number:  |            |
| 11.463  |            |
| GFDA Tilie:   |            |
| Rabitat Conservation  |            |
|   |            |
| * 12. Funding Opportunity Number:   |            |
| NMFG-RCPO-2009-2001496  |            |
| Title:  |            |
| FY 2009 Open Rivers Initiative  |            |
|   |            |
|   |            |
| 13. Competition Identification Number:  |            |
| 2119945   |            |
| Title:  |            |
|   | İ          |
|   |            |
|   |            |
| 14. Areas Affected by Project (Citles, Counties, States, etc.):   |            |
|   |            |
|   | 1          |
|   |            |
|   |            |
| *15. Descriptive Title of Applicant's Project:  Removal of fish barrier through the replacement of a culvert acting as an impediment to anadromous  |            |
| fish, with a bridge designed to allow fish passage during all seasons.  |            |
|   |            |
| Attach supporting documents as specified in agency instructions.  |            |
| Add Altachments Delete Attachments View Attachments   |            |
| the second control of | 1          |

| Application for Federal Assistance SF-424   | Version 02 |  |  |  |  |  |  |
|---|------------|--|--|--|--|--|--|
| 16. Congressional Districts Of:   |            |  |  |  |  |  |  |
| *a. Applicant 14, 17 *b. Program/Project 1.4, 17  |            |  |  |  |  |  |  |
| Attach an additional list of Program/Project Congressional Districts if needed.   |            |  |  |  |  |  |  |
| Add Atlachment Delete Atlachment View Attachment  |            |  |  |  |  |  |  |
| 17. Proposed Project:   |            |  |  |  |  |  |  |
| *a. Start Date: 06/15/2009 *b. End Date: 1.0/15/2009  |            |  |  |  |  |  |  |
| 18. Estimated Funding (\$):   |            |  |  |  |  |  |  |
| a. Federal 204, 284.00  |            |  |  |  |  |  |  |
| * b. Applicant 0.00   |            |  |  |  |  |  |  |
| c. State 357, 125.00  |            |  |  |  |  |  |  |
| * d. Local 0 . 00   |            |  |  |  |  |  |  |
| * e. Other 0 . 00   |            |  |  |  |  |  |  |
| *f. Program Income 0.00   |            |  |  |  |  |  |  |
| g. TOTAL 561,409.00   |            |  |  |  |  |  |  |
| a. This application was made available to the State under the Executive Order 12372 Process for review on  b. Program is subject to E.O. 12372 but has not been selected by the State for review.  c. Program is not covered by E.O. 12372.   | 17./2008   |  |  |  |  |  |  |
| * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yos", provide explanation.)  Yes No Explanation   |            |  |  |  |  |  |  |
| 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the beat of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)  X ** I AGREE  ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. |            |  |  |  |  |  |  |
| Authorized Representative:  |            |  |  |  |  |  |  |
| Prefix; *First Name: Kart.  |            |  |  |  |  |  |  |
| Middle Name:  |            |  |  |  |  |  |  |
| *Last Name: Fieberling  |            |  |  |  |  |  |  |
| Suffix:   |            |  |  |  |  |  |  |
| *Title: Program Assistant   |            |  |  |  |  |  |  |
| * Telephone Number: (831) 464-2950 ext. 13 Fax Number:  |            |  |  |  |  |  |  |
| *Email: kfiloberling@rcdsantacruz.org   |            |  |  |  |  |  |  |
| * Signature of Authorized Representative: Karl Flebering * Date Signed: 10/31/2008  |            |  |  |  |  |  |  |

| Application for Federal Assists   | ance SF-424  |           |   |   | Version 02   |  |
|---|--|-----------|---|---|--|--|
| *1. Type of Submission:  Preapplication  Application  Changed/Corrected Application | * 2. Type of Applicat  X New  Continuation  Revision |           | * If Revision, select appropriate letter(s):  **Other (Specify) |   |  |  |
| * 3. Date Received:<br>Completed by Grants.gov upon submission.                     | 4. Applicant Identifie                               | n .       |   | RECEIVED  |  |  |
| 5s. Federal Entity Identifier:  |  | -         | * 5b. Federal Award Idontifier:                                 | NOV 0 7 2008  | O MODELLA TO THE PROPERTY OF T |  |
| State Use Only:   | State Use Only:                                      |           |   |   |  |  |
| 6. Date Received by State:  | 7. State Ap  | plication | Identifler:   |   |  |  |
| B. APPLICANT INFORMATION:   |  | _         |   |   |  |  |
| a, Legal Name: The Regents of   | the University                                       | of Cal    | ifornia   |   | A SOLID  |  |
| * b. Employer/Taxpayer Identification Nu  | mber (ÉIN/TIN):                                      | _         | c. Organizational DUNS:   | 1   |  |  |
| 95-2226406  |  |           | 046705849   |   |  |  |
| d. Address:   |  |           |   |   |  |  |
| *Street1: 300 Universit   | y Tower  |           | 100   | 10 March 11 |  |  |
| Street2:  |  |           |   |   |  |  |
| *City: Irvine   |  |           |   |   |  |  |
| County:   |  |           |   |   |  |  |
| - State;  |  |           | CA: California  |   | _  |  |
| Province:   |  |           |   |   |  |  |
| * Country:  |  |           | USA: UNITED STATES  |   |  |  |
| Zip / Postel Code: 92697  |  |           |   |   |  |  |
| e. Organizational Unit:   |  |           |   |   |  |  |
| Department Name:  |  |           | Division Name:  |   | -  |  |
| Office Research Administrati  | ion  |           |   |   |  |  |
| f. Name and contact information of p  | erson to be contacte                                 | ed on ma  | atters involving this application                               | ıt.   |  |  |
| Prefix;   | *F   | Irst Namo | e: Amy  |   |  |  |
| Middle Name:  |  | - IIVII   | -   |   |  |  |
| *Last Name: Kimble  |  |           |   |   |  |  |
| Suffix;   |  |           |   | · · · · · · · · · · · · · · · · · · ·   |  |  |
| Title: Contracts and Grants Of  | ficez  |           |   |   |  |  |
| Organizational Affiliation:   |  |           |   |   |  |  |
|   |  |           |   |   |  |  |
| * Talephone Number: (949) 824-86  | 34   | : -       | Fax Number: (949  | 9) 824-2094   |  |  |
| • Email: akimble@uci.edu  |  |           |   |   |  |  |
|   |  | -         |   |   |  |  |

| Application for Federal Assistance SF-424  | Version 02  |
|--|-------------|
| 9. Type of Applicant 1: Select Applicant Type:   |             |
| H: Public/State Controlled Institution of Higher Education   |             |
| Type of Applicant 2: Select Applicant Type:  |             |
|  |             |
| Type of Applicant 3: Select Applicant Type:  |             |
|  |             |
| * Other (specify):   | <del></del> |
|  |             |
| * 10. Name of Federal Agency:  |             |
| National Oceanic and Atmospheric Administration  |             |
|  |             |
| 11. Catalog of Federal Domestic Assistance Number:   |             |
| 11.420   |             |
| CFDA Title:  |             |
| Coastal Zone Management Estuarine Research Reservos  |             |
| A.D. Burdley Assertation (v.)  |             |
| * 12. Funding Opportunity Number:  NOS - OCRM - 2009 - 2001452   |             |
|  |             |
| * Title:   |             |
| National Estuarine Research Reserve Graduate Research Fellowship Program FY09  |             |
|  |             |
|  |             |
| 13. Competition Identification Number:   |             |
| 2116561  |             |
| Title:   |             |
|  |             |
|  |             |
|  |             |
|  |             |
| 14. Areas Affected by Project (Citios, Counties, States, etc.):  |             |
| Tijuana River National Estuarine Research Reserve, Imperial Beach, San Diego County, CA; Padilla   |             |
| Bay National Estuarine Research Reserve, Skagit County, WA; Narragansett Bay National Estuarine Research Reserve, Prudence Island, Newport County, RI  |             |
|  |             |
| AF Boarded Title of Acade  |             |
| * 15. Descriptive Title of Applicant's Project:  |             |
| The effects of temporally variable nutrient influx on aquatic viral and host bacterial community dynamics in the Tijuana River Reserve   |             |
|  |             |
|  |             |
| Attach supporting documents as apecified in agency instructions.   |             |
| ACCOMBANIANCE IDENTIFICATION INVESTMENTS I |             |

Prescribed by OMB Circular A-102

| Application for Federal Assistance SF-424  | Version 02           |
|--|----------------------|
| 16. Congressional Districts Of:  |                      |
| * a, Applicant CA-048 * b. Program/Project CA-053  |                      |
| Attach an additional list of Program/Project Congressional Districts if needed.  |                      |
| CongressionalDist.pdf Delete Attachment Delete Attachment  |                      |
| 17. Proposed Project:  | ,                    |
| *a. Start Date: 06/01/2009   |                      |
| 18. Estimated Funding (\$):  |                      |
| *a, Federal 50,000.00  |                      |
| *b. Applicant 35,236.30  | į                    |
| " c. State 0.00  |                      |
| * d. Local 0 . 00  |                      |
| *e. Other 0.00   |                      |
| *f. Program Income 0.00  |                      |
| g. TOTAL 95, 236.30  |                      |
| * 19. Is Application Subject to Review By State Under Executive Order 12372 Process?    X   a. This application was made available to the State under the Executive Order 12372 Process for review on     1.1/01/200     b. Program is subject to E.O. 12372 but has not been selected by the State for review.   c. Program is not covered by E.O. 12372.   | 08.                  |
| 20. is the Applicant Delinquent On Any Federal Dest? (If "Yes", provide explanation.)  |                      |
| ☐ Yes ☐ No   |                      |
| 21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statement are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree comply with any resulting terms if I accept an award. I am award that any false, flotitious, or fraudulent statements or claims in subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)  "TAGREE"  "The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or age specific instructions. | o to<br>nay          |
| Authorized Representative:   |                      |
| Prefix: First Name: Amy  |                      |
| Middle Name:   |                      |
| "Last Name: Kimble   |                      |
| Suffix:  |                      |
| *Title: Contracts and Grants Officer   |                      |
| * Telephone Number: (949) 824-8634 Fax Number: (949) 824-2094  |                      |
| * Email: akimble@uci.edu   |                      |
| * Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon automission   | n.                   |
| Authorized for Local Reproduction Standard Form 4  | 24 (Revised 10/2005) |

| Application for Federal Assis            | stance SF-424  |  | Version 02   |
|--|--|--|--|
| * 1. Type of Submission:                 | * 2. Type of Application:  | * If Revision, select appropriate letter(s): |  |
| ✓ Preapplication                         | ✓ New  |  |  |
| Application                              | Continuation   | * Other (Specify)                            |  |
| Changed/Corrected Application            | Revision   |  |  |
| * 3. Date Received:                      | Applicant Identifier:  |  |  |
| Completed by Grants.gov upon submission. | USDA SWMP FY2008   |  |  |
| 5a. Federal Entity Identifier:           |  | * 5b. Federal Award Identifier:              |  |
|  |  |  |  |
| State Use Only:                          |  |  |  |
| 6. Date Received by State:               | 7. State Applicatio  | n Identifier:                                |  |
| 8. APPLICANT INFORMATION:                |  |  |  |
| * a. Legal Name: Resighini Ranche        | eria   |  | REOF   |
| * b. Employer/Taxpayer Identification I  | Number (EIN/TIN):  | * c. Organizational DUNS:                    | RECEIVED NOV 0 7 2008  |
| 94-2482661                               |  | 070-915-269                                  | NOV 0 7 2000   |
| d. Address:                              |  | L  | STATECLES  |
| * Street1: 158 East Kla                  | math Beach Road  |  | STATE CLEARING HOUSE   |
| Street2: P.O. Box 529                    | 9  | 0.092  | The state of the s |
| * City: Klamath                          |  |  |  |
| County: Del Norte                        |  |  |  |
| * State: California                      | The state of the s |  |  |
| Province:                                | 10.1 \$1.100.000.000   |  | _  |
| * Country: USA                           |  |  |  |
| * Zip / Postal Code: 95548-0529          |  |  |  |
| e. Organizational Unit:                  |  |  |  |
| Department Name:                         |  | Division Name:                               |  |
| Resighini Environmental Prof             | tection Authority  | Administration                               |  |
| f. Name and contact information          | of person to be contacted o  | n matters involving this application:        |  |
| Prefix: Mr.                              | * First N  | ame: Robert                                  |  |
| Middle Name: Charles                     |  |  |  |
| * Last Name: Cozens                      |  |  |  |
| Suffix:                                  |  |  |  |
| Title: Director, REPA                    |  |  |  |
| Organizational Affiliation:              |  |  |  |
|  |  |  |  |
| * Telephone Number: 707 482-3            | 413  | Fax Number: 707 4                            | 482-1530   |
| * Email: ResighiniEPA@hugh               | es.net   |  |  |

| Application for Federal Assistance SF-424  | Version 02 |
|--|------------|
| 9. Type of Applicant 1: Select Applicant Type:                                     |            |
| J-Native American Tribal Government  |            |
| Type of Applicant 2: Select Applicant Type:  |            |
|  |            |
| Type of Applicant 3: Select Applicant Type:  |            |
| * Other (specify):   |            |
| Chick (Specify).   |            |
| * 10. Name of Federal Agency:  |            |
| U.S. Department of Agriculture, Rural Development                                  |            |
| 11. Catalog of Federal Domestic Assistance Number:                                 |            |
| 10.760   |            |
| CFDA Title:  |            |
| Water and Waste Disposal Systems for Rural Communities                             |            |
| * 12. Funding Opportunity Number:  |            |
| 10.760   |            |
| * Title:   |            |
| Water and Waste Disposal Systems for Rural Communities                             |            |
| 13. Competition Identification Number:   |            |
|  |            |
| Title:   |            |
|  |            |
| 14. Areas Affected by Project (Cities, Counties, States, etc.):                    |            |
| Klamath, Del Norte County, California  |            |
| * 15. Descriptive Title of Applicant's Project:                                    |            |
| Solid Waste Management Activities: Rolling Stock Acquisition for Trash Pick Up and | Patrol     |
| Attach supporting documents as specified in agency instructions.                   |            |
| Add Attachments   Delete Attachments   View Attachments                            |            |

| Application fo  | or Federal Assistance         | 6F-424  | Version 02  |  |  |
|---|-------------------------------|---|-------------|--|--|
| 16. Congressiona  | al Districts Of:              |   |             |  |  |
| * a. Applicant  | First                         | * b. Program/Pro  | oject First |  |  |
| Attach an addition  | al list of Program/Project Co | gressional Districts if needed.                           |             |  |  |
|   |                               | dd Attachment   Tallare Attachame   1   Ziek install i ne |             |  |  |
| 17. Proposed Pro  | oject:                        |   |             |  |  |
| * a. Start Date;  |                               | * b. End  | Date:       |  |  |
| 18. Estimated Fu  | inding (\$):                  |   |             |  |  |
| * a. Federal  |                               | \$32,087.00   |             |  |  |
| * b. Applicant  |                               |   |             |  |  |
| * c. State  |                               |   |             |  |  |
| * d. Local  |                               |   |             |  |  |
| * e. Other  |                               |   |             |  |  |
| * f. Program Inco   | ome                           |   |             |  |  |
| * g. TOTAL  |                               | \$32,087.00   |             |  |  |
| □ a. This application was made available to the State under the Executive Order 12372 Process for review on □ b. Program is subject to E.O. 12372 but has not been selected by the State for review. □ c. Program is not covered by E.O. 12372.  * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) □ Yes □ No □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ |                               |   |             |  |  |
| ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.   |                               |   |             |  |  |
| Authorized Rep  | presentative:                 |   |             |  |  |
| Prefix:   | Mr.                           | * First Name: Rick  |             |  |  |
| Middle Name:  | R.                            |   |             |  |  |
| * Last Name:  | Dowd                          |   |             |  |  |
| Suffix:   |                               |   |             |  |  |
| * Title: Tribal Chairman  |                               |   |             |  |  |
| * Telephone Nu  | mber: 707 482-2431            | Fax Number: 70  | 7 482-1530  |  |  |
| * Email: k.dowd6@verizon.net  |                               |   |             |  |  |
| * Signature of A  | uthorized Representative:     | Date Signed:  | 10-30-08    |  |  |

| APPLICATION FOR   | 1•   | r   |                  |   | Version 7/03   |
|---|--|---|------------------|---|--|
| FEDERAL ASSISTANC   | E  | 2. DATE SUBMITTED   | 1. 2008          | Applicant Iden                              | tifier   |
| 1. TYPE OF SUBMISSION: Application                                      | Pre-application  | 3. DATE RECEIVED BY   | STATE            | State Applicati                             | on Identifier  |
| ☐ Construction  | X Construction   | 4. DATE RECEIVED BY   | FEDERAL AGEN     | CY Federal Identif                          | ier  |
| Non-Construction  | Non-Construction   |   |                  |   |  |
| 5. APPLICANT INFORMATION Legal Name:                                    | <u> </u>   |   | Organizational   | Unit:                                       |  |
|   | nd Cdac  |   | Department:      |   |  |
| CITY OF CO  | CFFX   |   | Division:        |   |  |
|   |  |   |                  |   |  |
| Address:<br>Street:   |  |   |                  | none number of pei<br>pplication (give area | rson to be contacted on matters a code)                      |
| 33 So. MAIN   | STREET /PO   | Box 702   | Prefix:          | First Name:                                 | JOAN   |
| CityColFAX  | OINEE! / 1.0.  | WX 102  | Middle Name      | L.  | JUAN   |
| County: PLACER  | - Constitution of the Cons | and a discount of the same of | Las Name 7       | HILLIPE                                     |  |
| State: QA   | Zip Code 957/  | 31-CENEL  | Suffix:          | HICCIPC                                     |  |
| Country:  |  | NOV 1 0 2008  | Emal: Colfax     | id D foothi                                 | 11. net  |
| 6. EMPLOYER IDENTIFICATION  | ON NUMBER (EIN):   |   | Phone Number (7  | live area code)                             | Fax Number (give area code)                                  |
| 94-6000313  | 5  | TATE CLEARING HO  | 551-346          | -2313                                       | 530-346-6214   |
| 8. TYPE OF APPLICATION:   |  | A Law Country of the | 7. TYPE OF APP   | LICANT: (See back                           | of form for Application Types)                               |
| Ne  |  | n Revision  |                  |   | *  |
| If Revision, enter appropriate let<br>(See back of form for description |  |   | Other (specify)  |   |  |
| Other (specify)   | Lanna  |   | 9. NAME OF FEL   | DERAL AGENCY:                               | NELOPHENT  |
| 10. CATALOG OF FEDERAL  | DOMESTIC ASSISTANC   | E NUMBER:   | 11. DESCRIPTIV   | E TITLE OF APPLIC                           | CANT'S PROJECT:  |
|   |  | 70-760  | · LIFT STA       | TION IMPROV                                 | I ! I REPAIR/REPLACED  |
| TITLE (Name of Program):  | - N > 12 Da C 4 1  |   | - LININE         | OF WINTP RE                                 | SERVOIR POND   |
| WATER & WASTEWA   | OJECT (Cities Counties   | States etc.) PROCHEA  | M. FUNDS         | TO REDUCE S                                 | RE LOAN DEBT SERVICE .                                       |
|   | , color (comos, courmes  | , otatoo, otoly.  | NEW PI           | LANT CONS                                   | ANT PROGRAM (SEE TEAM  |
| 13. PROPOSED PROJECT  |  |   | 14. CONGRESSI    | ONAL DISTRICTS O                            | OF: LETTER   |
| Start Date:   | Ending Date:   | 4.0   | a. Applicant     |   | b. Project   |
| 15. ESTIMATED FUNDING:  |  |   |                  |   | ATH - JOHN DOCLITTLE REVIEW BY STATE EXECUTIVE               |
|   | DEE ATTACH   | ED 00   | ORDER 12372 PR   | ROCESS?                                     | enterpretation with the st. att one personner on 14 M tot 16 |
| a. Federal \$   |  | ,   | a. Yes. AVAI     | PREAPPLICATION                              | APPLICATION WAS MADE<br>TE EXECUTIVE ORDER 12372             |
| b. Applicant \$   |  | .00   |                  | CESS FOR REVIEW                             |  |
| c. State \$   |  | .00   | DATE             | ≣:  |  |
| d. Local \$   |  | . 00  | b. No. I PRO     | GRAM IS NOT COVI                            | ERED BY E. O. 12372  |
| e. Other \$   | BH WAS ALL TO SEE  | .00   | ORP              |   | BEEN SELECTED BY STATE                                       |
| f. Program Income \$  |  | .00   |                  | REVIEW<br>ICANT DELINQUEN                   | IT ON ANY FEDERAL DEBT?                                      |
| g. TOTAL \$   |  | .00   | ☐ Yes If "Yes" a | ttach an explanation.                       | <b>X</b> No  |
| 18. TO THE BEST OF MY KNO   |  |   | LICATION/PREAF   | PLICATION ARE T                             | RUE AND CORRECT. THE   |
| DOCUMENT HAS BEEN DULY<br>ATTACHED ASSURANCES IF                        |  |   | HE APPLICANT A   | AND THE APPLICAT                            | AL WILL CONIELT WITH THE                                     |
| a. Authorized Representative Prefix                                     | First Name   |   | Mi               | ddle Name                                   |  |
|   | THIST WAITE JOAN   |   | 143300           | ۲.  |  |
| Last Name PHILLIP   | E  |   |                  | ıffix                                       |  |
| b. Title CITY ML  | AGER   |   | c.               | Telephone Number (                          | give area code)<br>-6-23(3                                   |
| d. Signature of Authorized Repre  | esentative Pl. OLI   |   | e.               | Date Signed                                 | ber 31, 2008   |
| Previous Edition Usable   | , · · · · ·  | · E   |                  |   | Standard Form 424 (Rev.9-2003)                               |
| Authorized for Local Reproduction                                       | on O   |   |                  |   | Prescribed by OMB Circular A-102                             |

3102179694

| APPLICATION FOR   |   |  |                                      |                      | Version 7/03  |  |
|---|---|--|--------------------------------------|----------------------|---|--|
| FEDERAL ASSISTANCE  | 2. DATE SUBMITTED   |  | ED                                   | Applicant Identifier |   |  |
| 1. TYPE OF SUBMISSION:  | Pre-application   | 3. DATE RECEIVED   | BY STATE                             | State Applicat       | tion Identifier                                     |  |
| Application   | I   | 0.67/6/5/6/5   | BY FEDERAL AGENC                     | Federal Ident        | fler  |  |
| Construction  | Construction  | 11/14/08   |                                      |                      |   |  |
| Non-Construction 5. APPLICANT INFORMATION   | Non-Construction  | J  |                                      |                      |   |  |
| Legal Name:   |   |  | Organizational Ur                    |                      |   |  |
| City of Gardena   | CONTRACTOR OF THE PROPERTY OF | Description of the Control of the Co | Department:<br>Office of the City M  | laneger              |   |  |
| Organizational DUNS: 056-635-913  | REC   | EIVED  | Division:<br>Economic Develop        | ment                 |   |  |
| Address:  |   |  | Name and telepho                     | ne number of pe      | rson to be contacted on matters                     |  |
| Street:<br>1700 West 162nd Street   | NOV I   | 2 2008   | involving this app<br>Prefix:        | First Name:          | ea code)  |  |
| 1700 West Tobile Glock  |   |  | G.                                   | Yvanne               |   |  |
| City:<br>Gardena  | STATE CLE   | ARING HOUSE  | Middle Name                          |                      |   |  |
| County:<br>Los Angeles  | PORTRATION OF THE PROPERTY OF THE   | PROGRESSION OF LANGESCOTTIVE AN  | Last Namo<br>Mallory                 |                      |   |  |
| State:<br>CA  | Zip Code<br>90247-3778  | •  | Suffix;                              |                      |   |  |
| Country;<br>USA   |   |  | Email;<br>ymallory@cl.garde          | ana ca tig           |   |  |
| 6. EMPLOYER IDENTIFICATION  | N NUMBER /E/NI  |  | Phone Number (giv                    |                      | Fax Number (give area code)                         |  |
| NAME OF THE PARTY |   |  | (310) 217-9533                       | ,                    | (310) 217-9694                                      |  |
| 9 5 6 0 0 0 7 1 3<br>8. TYPE OF APPLICATION:  |   | *  |                                      | ICANT: (See bac      | k of form for Application Types)                    |  |
| ₽Z Nev  |   | n 🖫 Revision   | C. Municipal                         |                      |   |  |
| if Revision, enter appropriate let<br>(See back of form for description   | ter(s) in box(es)<br>n of letters.)   | B  | Other (specify)                      |                      |   |  |
| Other (specify)   | 1.71  | <u>L</u>   | 9. NAME OF FEDI<br>U.S. Environments | RAL AGENCY:          |   |  |
| 10. CATALOG OF FEDERAL  | DOMESTIC ASSISTAN   | CE NUMBER:   |                                      |                      | CANT'S PROJECT:                                     |  |
|   |   | 21 Caleston  | _                                    |                      | lds Assessment Grant for                            |  |
| TITLE (Name of Program);<br>Economic Adjustment Assistance  | oo Program  | 66-818   | Petroleum and Ha                     | zárdous Substanc     | es Sites  |  |
| 12. AREAS AFFECTED BY PR  |   | s. States, etc.);  | · ·                                  |                      |   |  |
| City of Gardena   | ,   | ,  |                                      |                      |   |  |
| 13. PROPOSED PROJECT  |   |  | 14. CONGRESSIO                       | NAL DISTRICTS        |   |  |
| Start Date:   | Ending Date:  |  | a. Applicant                         |                      | b. Project<br>District 35                           |  |
| 07/01/2009<br>15. ESTIMATED FUNDING:  | 08/30/2011  |  | District 35                          | ON SUBJECT TO        | REVIEW BY STATE EXECUTIVE                           |  |
| 15, 63 (MIX IED FUNDING:  |   |  | ORDER 12372 PR                       | DCESS?               |   |  |
| a. Federal \$   |   | 400,000  |                                      |                      | N/APPLICATION WAS MADE<br>ATE EXECUTIVE ORDER 12972 |  |
| b. Applicant \$   |   | , 90   |                                      | ESS FOR REVIE        |   |  |
| c. State \$   |   |  | DATE:                                | November 10, 20      | 908   |  |
| d. Local \$   |   |  | b, No, III PROG                      | RAM IS NOT CO        | VERED BY E. O. 12372                                |  |
| e. Other 5  |   | . uu   | FOR R                                | EVIÉW                | T BEEN SELECTED BY STATE                            |  |
| f. Program Income \$  |   |  | 17, IS THE APPLIC                    | CANT DELINQUE        | NT ON ANY FEDERAL DEBT?                             |  |
| g. TOTAL \$   |   | 400,000  | '☐ Yes If "Yes" att                  | ach an explanatio    | n 🖾 No  |  |
| 18. TO THE BEST OF MY KNO<br>DOCUMENT HAS BEEN DULY<br>ATTACHED ASSURANCES IF   | <b>AUTHORIZED BY THE</b>  | <b>GOVERNING BODY</b>  |                                      |                      |   |  |
| a. Authorized Representative  |   |  |                                      | 41- N-               |   |  |
| Prefix  | First Name<br>Mitchell  |  | G.                                   | dle Name             |   |  |
| Last Name<br>Lansdell   |   |  | Suff                                 | P0                   |   |  |
| b. Title<br>City Manager  | _   | (31  | elephone Number<br>0) 217-9505       | (gīve area code)     |   |  |
| d. Signature of Authorized Paper  | Juns Cins   | dell   | 6. D<br>11/                          | ate Signed<br>10/08  |   |  |

| APPLICATION FOR FEDERAL ASSISTANCE   | 2. DATE SUB                          | MITTED                          | App. ¿ Identifier  |  |
|--|--------------------------------------|---------------------------------|--|--|
| SF 424 (R&R)   |                                      | EIVED BY STATE                  | State Application Identifier   |  |
| O1 424 (Nait)  | J. DATE KEE                          | LITED DI GIAIL                  | Class Approach (actually)  |  |
| 1. * TYPE OF SUBMISSION  | 4. Federal Ide                       | entifier                        |  |  |
| Pre-application Application Changed/Corrected Application                                |                                      |                                 | The second of th |  |
| 5. APPLICANT INFORMATION   |                                      | * Organizational DU             | INS: 143364423 ECEVED  |  |
| Legal Name: GLOBAL NANOSYSTEMS, INC.   |                                      |                                 | MOVI TI O DOGO   |  |
| Department:  | Division:                            |                                 | NOV 1 2 2008   |  |
| * Street1: 10327 MISSOURI AVENUE   | Street2: 2                           | 02                              | STATE CLEARING HOUSE   |  |
| * City: LOS ANGELES Cou  | unty: LOS ANGI                       | ELES *                          | State: CA: Califor   |  |
| Province:  | * Country: JNIT                      | ED ST * ZIP / Postal Code: 9002 | 5-6902   |  |
| Compared to be contracted an matters Involving this graphing                             | ution.                               |                                 |  |  |
| Person to be contacted on matters involving this applica  Prefix: * First Name:          | Middle Name:                         | * Last                          | Name: Suffix:  |  |
| LIPING   | SMASSACHULT SS. (1857-042) (384-444) | REN                             |  |  |
| * Phone Number: 310-277-3691 F   | ax Number: 310                       | 0-277-3691 En                   | nail: LPREN@GLOBALNANOSYSTEMS.COM  |  |
| 6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):   |                                      | 7. * TYPE OF APPLICANT:         |  |  |
| 65-1217077   |                                      | R: Small Business               |  |  |
| 8. * TYPE OF APPLICATION: V New  |                                      | Other (Specify):                |  |  |
|  | Revision                             | Small E Women Owned             | Business Organization Type   √ Socially and Economically Disadvantage  |  |
| If Revision, mark appropriate box(es).   |                                      | 9. * NAME OF FEDERAL AGEN       | -  |  |
| A. Increase Award B. Decrease Award C. Inc   | crease Duration                      | Chicago Service Center          |  |  |
| D. Decrease Duration E. Other (specify)  |                                      |                                 | DMESTIC ASSISTANCE NUMBER:   |  |
| * Is this application being submitted to other agencies?                                 | Yes No                               | 81.049                          | THE THE ASSISTANCE NUMBER.   |  |
| What other Agencies?   | ب نسا                                |                                 | cial Assistance Program  |  |
|  |                                      |                                 |  |  |
| 11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT DEVELOPMENT OF HIGH POWER IGBT TECHNOLOGY |                                      | EVEL RADIO FREQUENCY ACCE       | FLERATOR SYSTEMS   |  |
| 148-34-35  |                                      | - TELLINIDIO I NEGGENOT 7100E   | LECTION OF OTHER   |  |
| 12. AREAS AFFECTED BY PROJECT (cities, counties UNITED STATES                            | es, states, etc.)                    |                                 |  |  |
|  |                                      | 44 00NCDE0010N1                 | TO OF.   |  |
| 13. PROPOSED PROJECT:  * Start Date  * Ending Date                                       |                                      | 14. CONGRESSIONAL DISTRIC       | b. * Project   |  |
| 06/01/2009 02/28/2010  |                                      | CA-030                          | US-all   |  |
| 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR  | R CONTACT INF                        | ORMATION                        |  |  |
| Preflx: * First Name:  | Middle Name:                         | * Last N                        | lame: Suffix:  |  |
| LIPING   |                                      | REN                             |  |  |
| Position/Title: CHIEF TECHNOLOGY OFFICER   | * Organizatio                        | n Name: GLOBAL NANOSYSTE        | MS, INC.   |  |
| Department:  | Division:                            |                                 |  |  |
| * Street1: 10327 MISSOURI AVENUE   | Street2:                             | 202                             |  |  |
| * City: LOS ANGELES Cou  | inty: LOS ANGE                       | ELES                            | State: CA: Califori  |  |
| Province:  | Country: JNITE                       | ED \$7 * ZIP / Postal Code: 9   | 0025-6902  |  |
| * Phone Number: 310-277-3691 Fa  | x Number: 310-                       | 277-3691 * En                   | nail: LPREN@GLOBALNANOSYSTEMS.COM  |  |

OMB Number: 4040-0001

Expiration Date: 04/30/2008

| SF 424 (R&R) APPLI   | CATION FOR F       | EDERAL ASSIS       | TANCE  | <i>.</i>        |                   | Page 2            |
|--|--------------------|--------------------|--|-----------------|-------------------|-------------------|
| 16. ESTIMATED PROJECT FUNDING  |                    |                    | 17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? |                 |                   |                   |
| a. * Total Estimated Project Funding                                 | 99,594.00          | a.                 | YES THIS PREAPPL   |                 | CATION WAS MAD    |                   |
| b. * Total Federal & Non-Federal Funds                               | 99,594.00          |                    | PROCESS FOR  |                 |                   |                   |
| c. * Estimated Program Income  | 4,743.00           |                    | DATE: 11/10/2009   |                 |                   |                   |
|  |                    | b.                 | NO PROGRAM IS N  | OT COVERED      | BY E.O. 12372; OR | •                 |
|  |                    |                    | PROGRAM HAS  | NOT BEEN SI     | ELECTED BY STAT   | E FOR             |
| resulting terms if I accept an aw criminal, civil, or administrative | penalties. (U.S. C | ode, Title 18, Sec | tion 1001)   |                 |                   |                   |
| 19. Authorized Representative Prefix: * First Name:                  | V                  | Middle Name:       | * La   | st Name:        |                   | Suffix:           |
| LIPING   |                    |                    | REN  | 1               |                   |                   |
| * Position/Title: CHIEF TECHNOLOGY                                   | OFFICER            | Organization:      | GLOBAL NANOSYSTEM  | S, INC.         |                   |                   |
| Department:  |                    | Division:          |  |                 |                   |                   |
| * Street1: 10327 MISSOURI AVE  | INUE               | Street2:           | 202  |                 |                   |                   |
| * City: LOS ANGELES  | Coun               | ity: LOS ANGELE    | S  | * State: CA     | k: Califori       |                   |
| Province:  | • 0                | Country: JNITED    | \$7 * ZIP / Postal Code  | 90025-6902      | ]                 |                   |
| * Phone Number: 310-277-3691   | Fax                | Number: 310-277    | -3691  | Email: LPRE     | N@GLOBALNANOS     | SYSTEMS.COM       |
| * Signature of Author  | ized Representat   | live               |  | * Date Si       | gned              |                   |
| Completed on submis  | sion to Grants.gov | <u> </u>           | Comple   | eted on submiss | ion to Grants.gov |                   |
| 20. Pre-application  |                    |                    | AddAt  | tachment :      | leis Adachment V  | flow Attendancent |
| 21. Attach an additional list of Proje                               | ct Congressional   | Districts if need  | ed.  |                 |                   |                   |
|  | Add Attachr        | nent. Octobe Act   | contant View Attachmen   |                 |                   |                   |

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION Prefix: \* First Name: Middle Name: \* Last Name: Suffix: LIPING REN Position/Title: CHIEF TECHNOLOGY OFFICER \* Organization Name: GLOBAL NANOSYSTEMS, INC. Department: Division: \* Street1: 10327 MISSOURI AVENUE Street2: 202 \* City: LOS ANGELES County: LOS ANGELES \* State: CA: Californ Province: \* Country: JNITED ST \* ZIP / Postal Code: 90025-6902 \* Phone Number: 310-277-3691 Fax Number: 310-277-3691 \* Email: LPREN@GLOBALNANOSYSTEMS.COM

a. \* Applicant

CA-030

14. CONGRESSIONAL DISTRICTS OF:

b. \* Project

US-all

DEVELOPMENT OF HIGH EFFICIENCY FLEXIBLE POLYSILICON THIN FILM SOLAR CELLS

12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

\* Ending Date

02/28/2010

UNITED STATES

\* Start Date

06/01/2009

13. PROPOSED PROJECT:

OMB Number: 4040-0001

Expiration Date: 04/30/2008

| SF 424 (R&R) APPLI  | CATION FOR                          | FEDERAL ASSIS  | TANCE  | · · · · · · · · · · · · · · · · · · ·         | Page 2                       |  |
|---|-------------------------------------|--|--|---|------------------------------|--|
| 16. ESTIMATED PROJECT FUNDING   |                                     |  | 17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? |   |                              |  |
| a. * Total Estimated Project Funding  | 99,980.00                           | a.   |  | APPLICATION/APPLICATI<br>E TO THE STATE EXECU |                              |  |
| b. * Total Federal & Non-Federal Funds  | 99,980.00                           |  | PROCESS  | FOR REVIEW ON:                                |                              |  |
| c. * Estimated Program Income   | 4,761.00                            |  | DATE: 11/10/2009   |   |                              |  |
|   |                                     | b.   | NO PROGRAM   | IS NOT COVERED BY E                           | .O. 12372; OR                |  |
|   |                                     |  | PROGRAM<br>REVIEW  | 1 HAS NOT BEEN SELEC                          | TED BY STATE FOR             |  |
| true, complete and accurate to the resulting terms if I accept an awariminal, civil, or administrative   v i agree  The list of certifications and assurances | ard. I am aware<br>penalties. (U.S. | that any false, fict<br>Code, Title 18, Sec  | titious, or fraudulen<br>ction 1001)   | t statements or claims n                      | nay subject me to            |  |
| 19. Authorized Representative Prefix: * First Name:   |                                     | Middle Name:   |  | * Last Name:                                  | Suffix:                      |  |
| LIPING  |                                     | Wilder Harro.  |  | REN   |                              |  |
| * Position/Title: CHIEF TECHNOLOGY  | Y OFFICER                           | * Organization:  | GLOBAL NANOSY  | STEMS, INC.                                   |                              |  |
| Department:   |                                     | Division:  |  |   |                              |  |
| * Street1: 10327 MISSOURI AVI   | ENUE                                | Street2:   | 202  | =======                                       |                              |  |
| * City: LOS ANGELES   | Co                                  | unty: LOS ANGELE   | S  | * State: CA: Call                             | Ifon                         |  |
| Province:   |                                     | Country: JNITED  | ST * ZIP / Postal  | Code: 90025-6902                              |                              |  |
| * Phone Number: 310-277-3691  | Fa                                  | x Number: 310-277  | -3691  | * Email: LPREN@G                              | LOBALNANOSYSTEMS.COM         |  |
| Signature of Author   | ized Represent                      | ative  |  | * Date Signed                                 |                              |  |
| Completed on submis   | •                                   |  | C  | ompleted on submission to                     |                              |  |
| 20. Pre-application   |                                     |  |  | dd Attachment                                 | Allocoment   Vigo: Atachment |  |
| 21. Attach an additional list of Proje  | •                                   |  |  |   |                              |  |
|   | A A A A A A A A                     | THE SECTION OF THE PARTY OF THE | manufactured (A.C. or C.D. or  | n an nat                                      |                              |  |

| APPLICATION FOR  |  |  |   |  | Version 7/03   |  |
|--|--|--|---|--|--|--|
| FEDERAL ASSISTANCE   |  | 2. DATE SUBMITT<br>November 16, 2006   |   | Applicant Idon   | hilier   |  |
| 1. TYPE OF SUBMISSION. Application                                       | Pre-application  | 3. DATE RECEIVE  |   | State Applicat   | lon Identifier   |  |
| Construction   | Construction   | 4. DATE RECEIVE  | D BY FEDERAL AGEN   | N 1992117900000000000000000000000000000000   |  |  |
| Non-Construction   | Non-Construction   |  |   | 5-09-MC-06-I   | 0003   |  |
| 5. APPLICANT INFORMATION<br>Legal Name:                                  | THE REAL PROPERTY AND ADDRESS OF THE PARTY AND | THE PERSON   | Organizational  | t) mier  |  |  |
|  | DEC  | EINED  | Department.   |  |  |  |
| Organizational DUNS:   | A Livery   |  | Division:   | using and Redevalor  | ment Agendy  |  |
| 139400514  | VOV  | 2 2008   |   |  | 110000000000000000000000000000000000000                            |  |
| Addrass:   |  |  | In a last and a second  | phone number of pe<br>application (give are  | erson to be contacted on matters                                   |  |
| 630   Street   |  | EARING HOUSE   | Prefix:   | First Name.  |  |  |
| · City   | STALE  | The state of the s | Middle Name   | Suzanne  |  |  |
| Sacramento County:   | The state of the s |  | Lasi Noma   |  | 41 55 4 10 10 10 10 10 10 10 10 10 10 10 10 10                     |  |
| Sacramento   |  |  | Lest Name<br>Hammer   |  |  |  |
| Siale:<br>California   | Zip Codo<br>95814  |  | Suffix  |  |  |  |
| Country:<br>USA  |  |  | iëniali<br>hammers@saci   | county net   |  |  |
| 6. EMPLOYER IDENTIFICATIO  | N NUMBER (EIN):  |  | Phone Number  |  | Fax Nismbor (give aind code)                                       |  |
| 9 4 - 6 0 2 8 2 3 6  | ı  |  | (916) 874-8325  |  |  |  |
| 8. TYPE OF APPLICATION:  | k 12-11-   |  | 7. TYPE OF AP   | PLICANT: (See had  | k of form for Application Types)                                   |  |
| ₩ Nov  |  | on 👫 Rovision  | Municipal   |  |  |  |
| if Revision, enter appropriate lett<br>(See back of form for description | of latters.)   | r <del></del>  | Other (specify)   |  |  |  |
| Other (specify)  | [ ]  | <u> </u>   |   | DERAL AGENCY:  |  |  |
| 10. CATALOG OF FEDERAL I   | MESTIC ASSISTAN  | CP NUMBER  | CONTRACTOR OF THE PROPERTY OF | U. S. Department of Housing and Urban Development  11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: |  |  |
| 10, On Indiana   |  |  |   |  |  |  |
| TITLE (Name of Program)  |  | 1   4 - 2   3   -  | 1,  | ,  |  |  |
| TITI F (Name of Program).<br>Emergency Shelter Grant                     |  |  | . e san y -t  |  |  |  |
| 12. AREAS AFFECTED BY PR   | OJECT (Cities, Countle   | s, Steles, etc.):  |   |  |  |  |
| City of Sacramento   |  |  | 44 CONCORP  | HANAL METRICIE   | OF.  |  |
| 13. PROPOSED PROJECT Start Dute  | Ending Date:   | N. C. Condition (schools) specified in the condition of t | a. Applicant  | SIONAL DISTRICTS   | b. Project   |  |
| January 1, 2009  | December 31, 2009  |  | 3rd, 4th, 5th, and  |  | Brd, 4th, 5th, and 11th  |  |
| 15, ESTIMATED FUNDING:   |  |  | ORDER 12372 P   | ROCESS?  | RÉVIEW BY STATE EXECUTIVE  |  |
| a Faderal S  |  | 255,193  |   |  | VAPPLICATION WAS MADE<br>ATE EXECUTIVE ORDER 12372                 |  |
| b. Applicant \$  |  | 0  |   | CESS FOR REVIEW  |  |  |
| c. State   |  | 227,109  |   | E. November 14, 20   | 00A  |  |
| d Local \$   |  | 469,173  | b. No. (C) PRO  | OGRAM IS NOT COV   | /ERED BY E. O. 12372   |  |
| e. Other   | ·  | Q.   | m OR  | PROGRAM HAS NO   | T BEEN SELECTED BY STATE   |  |
| f. Program Income \$   |  | 0  | 17. IS THE APP  | LICANT DELINOUE  | NT ON ANY FEDERAL DEBT?  |  |
| g. TOTAL &   | ii 1111  | 952.475  | ☐Yes If "Yes"   | attach an explanation  | n. KE No   |  |
| 18. TO THE BEST OF MY KNO  |  | F, ALL DATA IN THE   | S APPLICATION/PREA  | PPLICATION ARE   | TRUE AND CORRECT. THE  |  |
| DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF                            |  |  | Y OF THE APPLICANT  | AND THE APPLICA  | INT WILL COMPLY WITH THE   |  |
| a. Authorized Representative   | Timb Manne   | 1) 1) on 14(1444 me)(4 to  |   | fidals Alsons  |  |  |
| Realix .   | First Name<br>Toni   |  |   | lidole Name<br>J.  | PR-19-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1                          |  |
| Last Nama<br>Moore   |  |  |   | uffix  | American science (1988 to the large demonstration of States II)    |  |
| h. Title<br>Assistant Director Department of Human Assistance            |  |  |   | Telephone Number<br>918) 875-3601  | (give area code)   |  |
|  | sentative  |  | Ů.  | . Dale Signod<br>! ( - ⁴-/   | e çim  |  |
| Previous Edition Usable** Authorized for Local Reproduction              | 'n   |  |   | 5 Vec 35   | Standard Form 424 (Rev.9-2003)<br>Prescribed by OMB Circular A-102 |  |

| APPLICATION FOR   |  | <u></u>  |   |                                 | Version 7/0  |  |
|---|--|--|---|---------------------------------|--|--|
| FEDERAL ASSISTANCE  |  | 2. DATE SUBMITTED<br>November 15, 2008   | ,,,                                       | Applicant Iden                  | liller   |  |
| 1. TYPE OF SUBMISSION:<br>Application   | Pre-application  | 3. DATE RECEIVED   | BY STATE                                  | State Applicati                 | State Application Identifier                                       |  |
| Construction  | Construction   | 4. DATE RECEIVED BY FEDERAL AGE  |   | Federal Identifier              |  |  |
| Non-Construction  | Non-Construction   | ]  |   | B-09-MC-06-0                    | 0003   |  |
| 5. APPLICANT INFORMATION Legal Name.  | - Control of the Cont | an annual balance of a design and a second a | Organizational Uni                        | <del></del>                     | <del></del>  |  |
| City of Sacramento  | FOR  | IVED   | Department<br>Secremento Housin           |                                 | ment Agency  |  |
| Organizational DUNS.<br>139400514   | HEUE   |  | Division:                                 | d sun vudovamb                  | ment Agency  |  |
| Address:  | NOV 1  | 2 2008   | Name and telephor                         |                                 | rson to be conjucted on matters                                    |  |
| 630 I Street  | \  | HOUSE  | Profix:                                   | First Name:<br>Geoffrey         |  |  |
| City.<br>Secremento   | STATE CLEA   | RING HOUSE   | Middle Name                               | Teening                         |  |  |
| County:<br>Sacramento   | Line   |  | Last Name<br>Ross                         |                                 |  |  |
| State:<br>California  | Zip Code<br>95814  |  | Suffix:                                   |                                 |  |  |
| Country:<br>USA   | 11 17 19 19 19 19 19 19 19 19 19 19 19 19 19   | _  | Emeil:<br>gross@stru.org                  |                                 |  |  |
| 6. EMPLOYER IDENTIFICATION  | N NUMBER (EIN):  |  | Phone Number (give                        | area codn)                      | Fax Number (give area code)  |  |
| 94-6028238  |  |  | (916) 440-1322                            |                                 | (916) 444-2261   |  |
| B. TYPE OF APPLICATION:   |  |  | 7. TYPE OF APPLI                          | CANT: (See bad                  | k of form for Application Types)                                   |  |
| I Ne<br>If Rovision, enter appropriate lut                                    |  | n 🔲 Ravision   | Municipal                                 |                                 |  |  |
| (See back of form for description   |  |  | Other (specify)                           |                                 |  |  |
| Other (specify)   | _  | _  | 9. NAME OF FEDER                          |                                 | oan Development  |  |
| 10. CATALOG OF FEDERAL  | DOMESTIC ASSISTAN  | CE NUMBER:   | 11. DESCRIPTIVE                           | TITLE OF APPLI                  | CANT'S PROJECT:  |  |
| TITLE (Name of Program) Community Development Block                           | : Grant  | 1 4-2 18   | 2009 Cammunity De                         | evelopment Black                | c Grunt Projects   |  |
| 12. AREAS AFFECTED BY PR  | OJECT (Uilles, Countie.  | s. Steles, etc.):  |   |                                 | •  |  |
| City of Secremento  |  | t when   | 44 400000000000000000000000000000000000   |                                 |  |  |
| 13. PROPOSED PROJECT Start Date:  | Ending Date:   | · · · · · · · · · · · · · · · · · · ·  | 14. CONGRESSION<br>B. Applicant           | IAL DISTRICTS                   | b. Project   |  |
| January 1, 2009   | December 31, 2009  |  | 3rd. 4th, 5th, and 11                     |                                 | ard, 4th, 5th, and 11th  |  |
| 15. ESTIMATED FUNDING:  |  |  | ORDER 12372 PRO                           | CESS?                           | REVIEW BY STATE EXECUTIVE  |  |
| u. Federal \$   |  | 5.490,094  | a. Yos. 12 THIS PE                        | REAPPLICATION<br>BLE TO THE ST  | VAPPLICATION WAS MADE<br>ATE EXECUTIVE ORDER 12372                 |  |
| b. Applicant S  |  | υ · · · · · · · · · · · · · · · · · · ·  |   | 8S FOR REVIEW                   |  |  |
| c. State S  |  | 0  | DATE:                                     | Novombor 14, 20                 | 908  |  |
| d. Local 5  |  | 14.963,327   | b No. ICI PROGR                           | AM IS NOT COV                   | ERED BY E. O. 12372  |  |
| e. Other  |  | 2,980,928  | OR PRO                                    |                                 | T BEEN SELECTED BY STATE   |  |
| 1 Program Income \$   |  | 184,514  |   |                                 | NT ON ANY FEDERAL DEBT?  |  |
| g. TOTAL S  |  | 23,610,063   | Ci Yes if "Yes" and                       | oh en explenation               | . W No   |  |
| 18. TO THE BEST OF MY KNO<br>DOCUMENT HAS BEEN DULY<br>ATTACHED ASSURANCES IF | AUTHORIZED BY THE  | GOVERNING BODY O   | PPLICATION/PREAPPI<br>PF THE APPLICANT AN | LICATION ARE T<br>D THE APPLICA | RUE AND CORRECT, THE<br>NT WILL COMPLY WITH THE                    |  |
| 3. Authorized Representative Prefix Ms.                                       | First Name<br>LaShelle   | ev m   | Midd                                      | e Name                          |  |  |
| Last Name   | Fedulation   |  | Suffix                                    | -                               |  |  |
| Dozier<br>b. Title  |  | ** ** addenge.   |   | lephone Number                  | (give area coda)   |  |
| Interim Executive Director  - disputive of Authorized Representative          |  |  |   | (916) 440-1319<br>e Date Signed |  |  |
| 10 Hulls I ton  |  |  | [, 5                                      | 11/15/2008                      |  |  |
| Previous Edition Usable Authorized for Local Reproduction                     |  |  |   | ,                               | Standard Form 424 (Rev.9-2003)<br>Prescribed by OMB Circular A-102 |  |

To:3233018

| APPLICATION FOR  |   |   |   |  | Version 7/  |  |
|--|---|---|---|--|---|--|
| FEDERAL ASSISTANC  | E                                       | 2. DATE SUBMITTED<br>November 15, 2000  | )   | Applicant Ider   | ntifier   |  |
| 1. TYPE OF SUBMISSION:   |   | 3. DATE RECEIVED                        | BY STATE  | State Applicat   | ion Identifier  |  |
| Application  | Pre application                         |   |   |  |   |  |
| Construction   | Construction                            | 4. DATE RECEIVED                        | By Federal Agency                                     | Federal Identi   | fier  |  |
| Non-Construction   | Non-Construction                        |   |   | B-09-MC-06-0   | 0003  |  |
| 5. APPLICANT INFORMATIO  | <u>N</u>                                |   | Organizational Uni                                    | 1-   |   |  |
| *  |   |   | Department:   | _  |   |  |
| City of Sacramento   | $+$ RFC                                 | FIVED                                   | Sacramento Housin                                     | g and Redevelop  | rnent Agency  |  |
| Organizational DUNS<br>139400514   | " "                                     |   | Division.   |  |   |  |
| Address:   | NOV                                     | 1 2 2008                                |   |  | rson to be contacted on matter  |  |
| Street:<br>630   Street  | 1,04                                    | - L L L L L L L L L L L L L L L L L L L | involving this appl<br>Prefix.                        | First Name:  | 98 COGB)  |  |
| City: STATE CLEA   |   |   | Mr  | Ceoffrey   |   |  |
|  |   | ARING HOUSE                             | ARING HOUSE   Middle Name                             |  |   |  |
| County:<br>Sacramento  | *************************************** |   | Last Name<br>Ross                                     |  | (1  |  |
| State.<br>California   | Zip Codo<br>95814                       | -                                       | Suffix.   |  | - 110) to the 1 land to the 1 |  |
|  | 95814                                   |   | Email:  |  |   |  |
| Country.<br>USA  |   |   | gross@shra.org  |  |   |  |
| 6. EMPLOYER IDENTIFICATI   | ON NUMBER (FIN)                         |   | Phone Number (give                                    | area code)   | Fax Number (give area code)   |  |
| 94-602823  | 8                                       |   | (916) 440-1322  |  | (916) 444-2261  |  |
| A. TYPE OF APPLICATION:  |   |   | 7. TYPE OF APPLI                                      | CANT: (See had   | k of form for Application Types)  |  |
| Ø Ne   |   | on 🔲 Rovision                           | Municipal   |  |   |  |
| f Revision, enter appropriate le<br>See back of form for descriptio  | ntier(s) in box(es)<br>on of letters.)  | П                                       | Other (specify)                                       |  |   |  |
| Other (specify)  |   |   |   | 9. NAME OF FEDERAL AGENCY:  1) S Department of Housing and Urban Duvelopment |   |  |
| 10. CATALOG OF FEDERAL   | DOMESTIC ASSISTAN                       | CE NUMBER:                              | 11. DESCRIPTIVE                                       | TITLE OF APPLI   | CANT'S PROJECT:   |  |
| TITLE (Name of Program):<br>Naighborhood Stabilization Pr<br>12: AREAS AFFECTED BY P<br>City of Sugramento | ogram Grant<br>RDJECT (Cities, Countie  | s, Stetes, etc.):                       | -   |  |   |  |
| 13. PROPUSED PROJECT   | [e., e.,                                | * -                                     | 14, CONGRESSION                                       | IAL DISTRICTS  |   |  |
| Start Date:<br>January 1, 2009   | Ending Date:<br>December 31, 2009       | 1                                       | a. Applicant<br>3rd, 4th, 5th, and 11                 | ttı.   | b Project<br>Brd, 4th, 5th, and 11th  |  |
| 15. ESTIMATED FUNDING:   |   |   | 16. IS APPLICATIO                                     | N SUBJECT TO   | REVIEW BY STATE EXECUTIV  |  |
| a Federal  | <u> </u>                                | 00                                      | ORDER 12372 PRO                                       | CESS?  | VAPPLICATION WAS MADE   |  |
|  | ····                                    | 13,284,829                              | a. Yos. Kei availa                                    | BLE TO THE ST  | ATE EXECUTIVE ORDER 12372   |  |
| b Applicant  | 8                                       | ∽. ٥                                    | PROCE   | SS FOR REVIEN  | V ON  |  |
| o State  | \$                                      | 0                                       | DATE.   | November 14, 20  | 108   |  |
| d Local  |   | 24,600,000                              | b. No. I PROGR  | AM IS NOT COV  | /ERED BY E. O. 12372  |  |
| e. Other   | \$                                      | - 00                                    | - OR PRO  |  | T BEEN SELECTED BY STATE  |  |
| / Program Income   | <b>S</b>                                | <u> </u>                                | FOR RE  |  | NT ON ANY FEDERAL DEBT?   |  |
| g. TOTAL   | 5                                       | 37,664,829                              | — Q Yes If "Yes" atta-                                | ch an explanation  | n KZINO   |  |
| 18. TO THE BEST OF MY KN<br>DOCUMENT HAS BEEN DUL'<br>ATTACHED ASSURANCES IF                               | Y AUTHORIZED BY THE                     | F, ALL DATA IN THIS A                   | PPLICATION/PREAPPI                                    | JCATION ARE 1  |   |  |
| a. Authorized Regresentative   | Firet Name                              |   | Mida  | e Name   |   |  |
| Prefix<br>Ms   | First Name<br>LaSholle                  |   |   |  |   |  |
| l nst Name<br>Dozler   |   |   | Suffix  | 1  |   |  |
| ). Title<br>Interim Egycutive Director   |   |   | c Telephone Number (give area code)<br>(916) 440-1319 |  |   |  |
| . Signature of Aphyorizac Rearesentative   |   |   |   | le Signod  | 12008   |  |
| Previous Edilion Usable<br>Authorized for Local Reproduct  | /- /\/-                                 |   |   | / /  | Standard Form 424 (Rev.9-200<br>Prescribed by OMB Circular A: 1   |  |

| APPLICATION FOR  |   |  |  | 4                                     | Version 7/0  |  |
|--|---|--|--|---------------------------------------|--|--|
| FEDERAL ASSISTANCE   | •                                       | 2. DATE SUBMITTED<br>November 15, 2008   |  | Applicant Iden                        | lilier   |  |
| 1. TYPE OF SUBMISSION:   |   | 3. DATE RECEIVED E   | BY STATE   | State Applicati                       | on Identifior  |  |
| Application  | Pre-application                         |  |  |                                       |  |  |
| Construction   | Construction                            | 4. DATE RECEIVED E   | BY FEDERAL AGEN  |                                       |  |  |
| Non-Construction   | C Non-Constauction                      | A COMPANY OF THE PROPERTY OF T | 1105   | S-09-UC-06-0                          | 006  |  |
| 5. APPLICANT INFORMATION Legal Name:   | DEC                                     | EIVED  | Organizational L   | Init'                                 |  |  |
| The state of the s | The Co                                  |  | Dopertment.  |                                       |  |  |
| County of Sacramento   | 100                                     | 7 0 2008   | Sacramento Flour   | sing and Redevelop                    | ment Agoncy  |  |
| Organizational DUNS<br>139400209   | NOV                                     | 1 2 2008   | (319(50(31):   |                                       |  |  |
| Address:   |   |  |  |                                       | mean to be contacted on matters  |  |
| Street STA   |   | EARING HOUSE   | involving this application (give area code)  Prefix: First Name: |                                       |  |  |
| <u></u>  |   | a large man and a grant man and a second | Ms   | Suzanne                               | and the second s |  |
| City:<br>  Sacramento  |   |  | Middle Name  |                                       |  |  |
| County   |   |  | Last Name<br>Hammer  |                                       |  |  |
| Sacramento State.  | Zio Code                                | p 118  | Suffix.  |                                       |  |  |
| State.<br>California   | 95814                                   |  | Emait:   |                                       |  |  |
| Country<br>USA   |   |  | hammers@saco   | ounty.net                             |  |  |
| 6. EMPLOYER IDENTIFICATION   | N NUMBER (EIN).                         |  | Phone Number (   | jive Aree code)                       | Fax Number (give area code)  |  |
| 9 4 - 6 0 0 0 7 5 9  |   |  | (916) 875-4325   |                                       | (916) 874-4343   |  |
| 8. TYPE OF APPLICATION:  |   |  | 7. TYPE OF APP   | LICANT: (See back                     | of form for Application Types)   |  |
| ₹ Nov  |   | on T Revision  | Municipal  |                                       |  |  |
| If Revision, enter appropriate lett<br>(See back of form for description   | ler(8) in box(86)<br>i of letters )     | p 110s   | Other (specify)  |                                       |  |  |
|  |   | incorped in  |  |                                       |  |  |
| Other (specify)  |   |  |  | DERAL AGENCY:<br>t of Housing and Urb | Inemgoleven  |  |
| 10. CATALOG OF FEDERAL   | DOMESTIC ASSISTAN                       | CE NUMBER:   |  |                                       | CANT'S PROJECT:  |  |
|  |   | 1 4-231  | 2009 Emergency   | Shelter Grant                         |  |  |
| <br> TITLE (Name of Program)   |   |  |  |                                       |  |  |
| Emergency Sholter Grant  12. AREAS AFFECTED BY PR  | O LEDT William Daniel                   | C(242) 212 12  | -  |                                       |  |  |
|  | OSECT (Callone, Columns                 | is, alains elu.).  |  |                                       |  |  |
| 13. PROPOSED PROJECT   | ( min) ( m                              |  | 44 CONGRESSI   | ONAL DISTRICTS                        | SE   |  |
| Start Date:  | Ending Date:                            |  | a. Applicant   |                                       | h Project  |  |
| January 1, 2009  | December 31, 2009                       | y 100 M 100  | Ord, 4th, 5th, and   | 100.00000                             | 3rd, 4th, 5th, and 11th  |  |
| 15. ESTIMATED FUNDING:   |   |  | ORDER 12372 PF   |                                       | REVIEW BY STATE EXECUTIVE  |  |
| a Federa) S  |   | 250,902  | Vac EN THIS  | PREAPPLICATION                        | APPLICATION WAS MADE   |  |
| b. Applicant \$  |   |  | AVAI   | CESS FOR REVIEW                       | ATE EXECUTIVE ORDER 12372 -<br>V ON  |  |
|  |   | . <u> </u>   |  |                                       |  |  |
| c. State \$  |   | 0  | DAG  | E. November 14, 20                    | 08   |  |
| d Local S  |   | 0 .  | h No FT PRO  | GRAM IS NOT COV                       | ERED BY E O 12072  |  |
| a. Oiher \$  |   | ~ · · · · · · · · · · · · · · · · · · ·  |  |                                       | T BEEN SELECTED BY STATE   |  |
| f. Program Income \$   | and the second                          | 0 .  | 17 IS THE APP  | REVIEW                                | TON ANY FEDERAL DESTY  |  |
|  |   |  |  | ICAN DELINGOE                         | AT CHARLE PER TE   |  |
| g TOTAL \$   |   | 258,862  | Cares If "Yes" a   | ttach an explanation                  | No.  |  |
| 18. TO THE BEST OF MY KNO  | WLEDGE AND BELIE                        | F, ALL DATA IN THIS A  | PPLICATION/PREAF   | PLICATION ARE T                       | RUE AND CORRECT. THE   |  |
| DOCUMENT HAS BEEN DULY<br>ATTACHED ASSURANCES IF   |   |  | F THE APPLICANT  | AND THE APPLICA                       | NT WILL COMPLY WITH THE  |  |
| e, Authorized Representative   | *************************************** | WANDEN.  |  |                                       |  |  |
| Renx   | First Name<br>Toni                      | 7  | Mi   | ddle Name                             |  |  |
| Last Name  | ,)                                      |  | Su   | ffix                                  |  |  |
| Moore<br>b. Title  |   |  |  | Tolonbone birret                      | N N 19401 1  |  |
| b. Title<br>Cirector Department of Human Assistance  |   |  | c. Telephone Number (give area code)<br>(918) 875-3601           |                                       |  |  |
|  | Signature of Authorized Representative  |  |  | e. Date Signed                        |  |  |
| Previous Edition Usable  | 4.0                                     |  |  | - ( 0                                 | Slandard Form 424 (Rev 9-2003)   |  |
| Authorized for Local Reproductic   | וֹע                                     |  |  |                                       | Prescribed by OMB Circular A-102   |  |

| APPLICATION FOR  |  |  |                                   |   | Version //03                                       |  |
|--|--|--|-----------------------------------|---|--|--|
| FEDERAL ASSISTANCE   |  | 2. DATE SUBMITTE<br>November 15, 2008  |                                   | Applicant Iden  | lifier   |  |
| 1. TYPE OF SUBMISSION:<br>Application                                    | Pre-application                                    | 3. DATE RECEIVED   |                                   | State Applicat  |  |  |
| Construction   | Construction                                       | 4. DATE RECEIVE  | D BY FEDERAL AGENCY               | Federal Identil   | -  |  |
| Non-Construction   | Non-Construction                                   |  |                                   | B -09-UC-06-0   | 0005   |  |
| 6. APPLICANT INFORMATION<br>Legal Name:                                  | <u> </u>   |  | Organizational Unit               | <u> </u>  | <del>-</del>                                       |  |
| Legal Name:<br>County of Gacramento                                      | DECEN  | /rn  | Dupartment,<br>Sacramente Housing |   |  |  |
| Organizational DUNS.<br>139400514  |  | V = L  | Division:                         | gua veressie  | төлс маенсу  |  |
|  | 101/16   |  |                                   |   |  |  |
| Address:   | NUV   Z  | 7008   | Name and telephor                 |   | erson to be contacted on matters ea code)          |  |
| 530 1 Street   |  | 10 1101101   | Prefix:<br>Mr.                    | First Name:<br>Geoffroy   |  |  |
| City:<br>Secremento  | STATE CLEARIN                                      | IG HOUSE   | Middle Name                       |   |  |  |
| County:<br>Sacramento  | - Carrier  |  | Last Name<br>Ross                 | ·   |  |  |
| State:<br>California   | 7lp Code<br>95814                                  | The state of the s | Suffix                            |   |  |  |
| Country:   |  |  | Email:<br>gross@shra.org          |   |  |  |
| G. EMPLOYER IDENTIFICATION   | ON NUMBER (FIN):                                   |  | Phone Number (givu                | tirea code)   | Fax Number (give area code)                        |  |
| A4_6000759   |  |  | (918) 440-1322                    |   | (916) 447-2261                                     |  |
| 8. TYPE OF APPLICATION.  |  |  | 7. TYPE OF APPLIC                 | CANT; (See bed  | k of form for Application Types)                   |  |
| ∏. Nav   |  | n 🖟 Revision   | Municipal                         |   |  |  |
| If Revision, enter appropriate left<br>(See back of form for description |  | ·· <del>····</del> [   | Other (apecity)                   |   |  |  |
| Other (specify)  | <b>L</b> I   | į į  | 9. NAME OF FEDER                  |   | han Davalonmeni                                    |  |
| 10. CATALOG OF FEDERAL   | DOMESTIC ASSISTANT                                 | CE NUMBER:   |                                   | •   | CANT'S PROJECT:                                    |  |
|  |  | 1 4-2 1 1 B  | 2009 Community Do                 | avalapment Block  | k Grant Projects                                   |  |
| TITLE (Name of Program):   |  | <u> </u>   | <u> </u>                          | ,   | •  |  |
| Community Development Block 12. AREAS AFFECTED BY PR                     |  |  |                                   |   |  |  |
|  | OJECT (Cilles, Coornes                             | s, States. etc.).  |                                   |   |  |  |
| County of Sacramento  13. PROPOSED PROJECT                               |  |  | 14. CONGRESSION                   | A NIGTOICTS   |  |  |
| Start Date:  | Ending Date:                                       |  | a. Applicant                      |   | b. Project   |  |
| January 1, 2009  | December 31, 2009                                  |  | 3rd, 4th, 5th, and 11th           |   | 3rd, 4th, 5th, and 11th                            |  |
| 15. ESTIMATED FUNDING:   |  |  | ORDER 12372 PRO                   | CE88?   | REVIEW BY STATE EXECUTIVE                          |  |
| a. Federal \$  |  | 5,540,129  | a Vac IA THIS PR                  | REAPPLICATION   | NAPPLICATION WAS MADE<br>ATE EXECUTIVE ORDER 12372 |  |
| b. Applicant 5   |  | 0  |                                   | SS FOR REVIEW   |  |  |
| c State \$   |  | 1,760,000  | DATE.                             | November 14, 20   | 108  |  |
| d Local \$   |  | 10,998,479   | b. No. II PROGR                   | AM IS NOT COV   | /ERED BY É. O. 12372                               |  |
| o Other \$   |  | 32,452,441   | OR PRO                            |   | T REEN SELECTED BY STATE                           |  |
| f. Program tocome  |  | 1,674,897  | - FOR RE                          |   | NT ON ANY FEDERAL DEBT?                            |  |
| g. TOTAL   |  | 52,425, <del>9</del> 46  | Cilyes if "Yes" attar             | s" Attach an explanation.                                       |  |  |
| 18, TO THE BEST OF MY KNO  | WI FOGE AND BELIEF                                 |  |                                   |   |  |  |
| DOCUMENT HAS BEEN DULY<br>ATTACHED ASSURANCES IF                         | AUTHORIZED BY THE                                  | GOVERNING BODY   | OF THE APPLICANT ANI              | D THE APPLICA   | NY WILL COMPLY WITH THE                            |  |
| a. Authorized Representative   |  |  | 10025                             | · · · · · · · · · · · · · · · · · · ·                           |  |  |
| Prafix   | First Name   |  | Micion                            | Middle Name   |  |  |
| Last Name<br>Dozier  |  |  | Suffix                            | Sulfix  |  |  |
| h Title<br>Interim Executive Director                                    |  |  | (216)                             | c. Telephone Number (ผูเงคลามสายสาย)<br>( <u>2</u> 16) 440-1319 |  |  |
| d Signature of Authorized Representative                                 |  |  |                                   | e Date Signed   |  |  |
| Provious Edition Usable  | <del>- ()                                   </del> |  |                                   |   | Slandard Form 424 (Rev.9-2003)                     |  |
| Authorized for Local Reproduction  | מנ ( )   |  |                                   |   | Prescribed by OMB Circular A-102                   |  |

| FEDERAL ASSISTANCE  |   | 2 DATE SUBMITTED<br>November 15, 2006   |  | Applicant Identiller   |  |  |
|---|---|---|--|--|--|--|
| 1. TYPE OF SUBMISSION:  | . TYPE OF SUBMISSION: 3. DATE RECEIVED BY   |   | BY STATE   | State Applica  | tion Identiliar  |  |
| Application   | Pre-application   | 4 BATE DECEMBE  | BY PEDERAL ACTUA   | Ad Cadamilidani  | NR   |  |
| ☑ Construction  | Construction  |   | BY FEDERAL AGENC   |  |  |  |
| 5. APPLICANT INFORMATIO   | Non-Construction  |   |  | B -09-UC-08-   | 0005   |  |
| Legal Name:   | <u>N</u>  |   | Organizational U   | nit:   |  |  |
| County of Sacramento  |   |   | Department:<br>Sacramento Hous   |  |  |  |
|   | n o n   |   | Division:  | IIIVA BILIO LEGUARAGION  | Dulaur Affauch   |  |
| Organizational DUNS,<br>139400514   |   | Harris Anna Anna Anna Anna Anna Anna Anna Ann   |  |  | ^ ^ · ^ · ^ · ^ · ^ · · ·  |  |
| Address:  | HEUEIV  |   | Involving this ap  | one number of pe<br>plication (give are  | erson to be contacted on matters   |  |
| 630 i Street  |   |   | Prefix:  | First Name:  |  |  |
| Cily  | NOV 1-2-2   | <del>2008   800'</del>  | Middle Name  | Geoffrey   |  |  |
| Sacramento  |   |   |  |  | NY III   |  |
| County<br>Sacramento  | STATE CLEARING  | HOUSE   | Lost Name<br>Ross  |  |  |  |
| State:<br>California  | Zip Code  |   | Suffix:  |  |  |  |
| Country:  | 95814   |   | Email.   |  | ,  |  |
| USA   |   |   | ൂനം ഒൾഎമെന്നു  |  |  |  |
| 4. EMPLOYER IDENTIFICATI  | ION NUMBER (EIN)  |   | Phone Number (gl   | ve ama cado)   | Fax Number (give area code)  |  |
| 9 4-600075  | ρ   |   | (916) 440-1322   |  | (916) 447-2261   |  |
| 8. TYPE OF APPLICATION:   |   |   | 7. TYPE OF APP   | LICANT: (See bed   | ck of form for Application Types)  |  |
| ₽: No   |   | on 🔲 Revision   | Municipal  |  |  |  |
| If Revision, enter appropriate te<br>(See back of form for descripte  | alter(s) in box(ca)<br>on of fetters (  |   | Other (specify)  | · ·  |  |  |
| ľ   | ,   |   | ,  |  |  |  |
| Other (specify)   |   | •   | 9. NAME OF FED<br>U. S. Department   | ERAL AGENCY:<br>of Housing and Ur  | ban Devalopment  |  |
| 10. CATALOG OF FEDERAL  | DOMESTIC ASSISTAN   | ICE NUMBER:   |  |  | CANT'S PROJECT:  |  |
|   |   | 14-218  | 2009 Community   | Davelopment Bloc   | k Grant Projects   |  |
| TITLE (Name of Program):<br>Neighborhood Stabilization Pro  |   | تات-دات   |  |  |  |  |
|   |   |   |  |  |  |  |
| 12. AREAS AFFECTED BY P   |   | Citata in the last  | <del></del>  |  |  |  |
| IA  | ROJECT (Cities, Countle   | es, States, etc.):  |  |  |  |  |
| County of Sacramento  | ROJECT (Cities, Countle   | 98, States, etc.):  | AA SSINGWAS SCI  | ALAL DISTOLATA   | A.F.   |  |
| 13. PROPOSED PROJECT  |   | es, States, etc.):  |  | ONAL DISTRICTS   |  |  |
| 13. PROPOSED PROJECT<br>Start Date<br>January 1, 2009   | Ending Date December 31, 2005   |   | a. Applicant<br>3rd, 4th, 5th, and   | 11th   | b. Project<br>3rd, 4th, 5th, and 11th  |  |
| 13. PROPOSED PROJECT  | Ending Date   |   | a. Applicant<br>3rd, 4th, 5th, and<br>15. 19 APPLICAT  | 11Ih<br>IÓN SUBJECT TO   | b. Project   |  |
| 13. PROPOSED PROJECT<br>Stan Date<br>January 1, 2009<br>15. ESTIMATED FUNDING:  | Ending Date   | 9   | a. Applicant<br>3rd, 4th, 6th, and<br>15. IS APPLICAT<br>ORDER 12372 PR  | 111h<br>IÓN SUBJECT TO<br>OCESS?<br>PREAPPLICATION   | D. Project<br>Ard, 4th, 5th, and 11th<br>REVIEW BY STATE EXECUTIVE<br>NAPPLICATION WAS MADE  |  |
| 13. PROPOSED PROJECT Start Date January 1, 2009 15. ESTIMATED FUNDING:  | Ending Date<br>December 31, 2005  |   | a. Applicant 3rd, 4th, 5th, and 15. 19. APPLICAT ORDER 12372 PR a. Yes. IXI THIS AVAIL   | 11Ih<br>IÓN SUBJECT TO<br>OCESS?<br>PREAPPLICATION<br>ABI F TO THE ST  | D. Project<br>grd, 4th, 5th, and 11th<br>PREVIEW BY STATE EXECUTIVE<br>NAPPLICATION WAS MADE<br>ATE EXECUTIVE ORDER 12372  |  |
| 13. PROPOSED PROJECT Start Date January 1, 2009 15. ESTIMATED FUNDING: a. Federal b Applicant   | Ending Date<br>December 31, 2009  | 9   | a. Applicant 3rd, 4th, 5th, and 15. IS APPLICAT ORDER 12372 PR b. Yes. IZ THIS AVAIL   | 11Ih<br>IÓN SUBJECT TO<br>OCESS?<br>PREAPPLICATION<br>ABI F TO THE ST<br>JESS FOR REVIEW   | D. Project<br>prd, 4th, 5th, and 11th<br>PREVIEW BY STATE EXECUTIVE<br>WAPPLICATION WAS MADE<br>"ATE EXECUTIVE ORDER 12372<br>W ON   |  |
| 13. PROPOSED PROJECT Start Date January 1, 2009 15. ESTIMATED FUNDING: a. Federal b Applicant   | Ending Date<br>December 31, 2005  | 18,605,460  | a. Applicant<br>3rd, 4th, 5th, and<br>15. IS APPLICAT<br>ORDER 12372 PR<br>b. Yes. IZ THIS<br>AVAII  | 11Ih<br>IÓN SUBJECT TO<br>OCESS?<br>PREAPPLICATION<br>ABI F TO THE ST  | D. Project<br>prd, 4th, 5th, and 11th<br>PREVIEW BY STATE EXECUTIVE<br>WAPPLICATION WAS MADE<br>"ATE EXECUTIVE ORDER 12372<br>W ON   |  |
| 13. PROPOSED PROJECT Start Date January 1, 2009 15. ESTIMATED FUNDING:  8. Faderal b Applicant c State  | Ending Date<br>December 31, 2009  | 18,605,480<br>01<br>0   | a. Applicant 3rd, 4th, 5th, and 15. IS APPLICAT ORDER 12372 PR b. Yes. IZ THIS AVAIL   | 111h IÓN SUBJECT TO IOCESS? PREAPPLICATION ABLE TO THE ST JESS FOR REVIEL November 14, 20  | D. Project<br>prd, 4th, 5th, and 11th<br>PREVIEW BY STATE EXECUTIVE<br>WAPPLICATION WAS MADE<br>"ATE EXECUTIVE ORDER 12372<br>W ON   |  |
| 13. PROPOSED PROJECT Start Date January 1, 2009 15. ESTIMATED FUNDING: a. Federal b Applicant c State d. Locel  | Ending Date<br>December 31, 2005  | 18,605,460<br>0 00<br>29,600,000  | a. Applicant 3rd, 4th, 5th, and 15. IS APPLICAT ORDER 12372 PR a. Yes. III THIS AVAIL PROC   | 111h IÓN SUBJECT TO OCESS? PREAPPLICATION ABI F TO THE ST ESS FOR REVIEN November 14, 20   | D. Project<br>prd. 4th, 5th, and 11th<br>PREVIEW BY STATE EXECUTIVE<br>N/APPLICATION WAS MADE<br>ATE EXECUTIVE ORDER 12372<br>W ON<br>D08  |  |
| 13. PROPOSED PROJECT Start Date January 1, 2009 15. ESTIMATED FUNDING:  a. Federal b Applicant c State d. Locel e. Other  | Ending Date: December 31, 2005  \$ \$ \$ \$ \$  | 18,605,460<br>0 000<br>29,600,000   | a. Applicant 3rd, 4th, 5th, and 15. IS APPLICAT ORDER 12372 PR a. Yes. A THIS DATE D. NO. I PROC   | 111h IÓN SUBJECT TO IÓN SUBJECT TO IOCESS? PREAPPLICATION ABLE TO THE ST JESS FOR REVIEN NOVEMBER 14, 20 BRAM IS NOT CON ROGRAM HAS NO   | D. Project prd, 4th, 5th, and 11th D. REVIEW BY STATE EXECUTIVE D. NAPPLICATION WAS MADE TATE EXECUTIVE ORDER 12372 W ON D. OB VERED BY E. O. 12372 DT BEEN SELECTED BY STATE  |  |
| 13. PROPOSED PROJECT Start Date January 1, 2009 15. ESTIMATED FUNDING:  a. Federal b Applicant c State d. Locel e. Other  | Ending Date<br>December 31, 2005  | 18,605,460<br>0 00<br>29,600,000  | a. Applicant 3rd, 4th, 5th, and 15. IS APPLICAT ORDER 12372 PR a. Yes. A THIS DATE D. NO. I PROC   | 111h IÓN SUBJECT TO IÓN SUBJECT TO IOCESS? PREAPPLICATION ABLE TO THE ST JESS FOR REVIEN NOVEMBER 14, 20 BRAM IS NOT CON ROGRAM HAS NO   | D. Project<br>prd. 4th, 5th, and 11th<br>PREVIEW BY STATE EXECUTIVE<br>N/APPLICATION WAS MADE<br>ATE EXECUTIVE ORDER 12372<br>W ON<br>D08  |  |
| 13. PROPOSED PROJECT Start Date January 1, 2009 15. ESTIMATED FUNDING:  a. Federal b Applicant c State d. Locel e. Other  | Ending Date: December 31, 2005  \$ \$ \$ \$ \$  | 18,605,480<br>0 00<br>29.600,000  | a. Applicant 3rd, 4th, 6th, and 15. IS APPLICAT ORDER 12372 PR a. Yes. A THIS a. Yes. A PROC. DATE  D. NO. I PROC. OR PI 17. IS THE APPL   | ITIN ION SUBJECT TO ION SUBJECT TO IOCESS? PREAPPLICATION ABLE TO THE ST IESS FOR REVIEW ROGRAM HAS NO REVIEW ICANT DELINQUE   | D. Project grd, 4th, 5th, and 11th D. REVIEW BY STATE EXECUTIVE NIAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 N ON DOB VERED BY E. C. 12372 DT BEEN SELECTED BY STATE INT ON ANY FEDERAL DEBT?  |  |
| 13. PROPOSED PROJECT Start Date January 1, 2009 13. ESTIMATED FUNDING:  a. Federal b Applicant c State d. Local e. Other 7. Program Incomo  | Ending Date: December 31, 2005  \$ \$ \$ \$ \$ \$ \$                                  | 18,605,480<br>0 00<br>29.600,000<br>0 00<br>48,205,460  | a. Applicant 3rd, 4th, 6th, and 15. IS APPLICAT ORDER 12372 PR a. Yes. A THIS a. Yes. A PROC. DATE b. No. I PROC. TO OR PROC. 17. IS THE APPL  | ION SUBJECT TO COCESS? PREAPPLICATION ARI F TO THE ST CESS FOR REVIEW NOVEMBER 14, 20 BRAM IS NOT CONROGRAM HAS NO REVIEW ICANT DELINQUE   | D. Project prd, 4th, 5th, and 11th D. REVIEW BY STATE EXECUTIVE D. NAPPLICATION WAS MADE TATE EXECUTIVE ORDER 12372 W ON DOB VERED BY E. C. 12372 DT BEEN SELECTED BY STATE INT ON ANY FEDERAL DEBT? III.  |  |
| 13. PROPOSED PROJECT Start Date January 1, 2009 13. ESTIMATED FUNDING:  a. Federal b Applicant c State d. Locel e. Other 1. Program Income 9. TOTAL  18. TO THE BEST OF MY KN DOCUMENT HAS BEEN OUT   | Ending Date December 31, 2005  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  | 18,605,480<br>0 00<br>29,600,000<br>0 00<br>48,205,460<br>F, ALL DATA IN THIB<br>E GOVERNING BODY | a. Applicant 3rd, 4th, 6th, and 15. IS APPLICATI ORDER 12372 PR a. Yes. A THIS DATE  DATE  D. NO. III PROC.  OR PI  17. IS THE APPLICATION/PREAP   | ITIN ION SUBJECT TO IOCESS? PREAPPLICATION ABLE TO THE ST JESS FOR REVIEW ROGRAM HAS NO ROGRAM HAS NO REVIEW ICANT DELINOUE LACE AN EXPLANATION ARE PLICATION ARE  | D. Project prd, 4th, 5th, and 11th D. REVIEW BY STATE EXECUTIVE D. NAPPLICATION WAS MADE TATE EXECUTIVE ORDER 12372 W ON DOB VERED BY E. C. 12372 DT BEEN SELECTED BY STATE INT ON ANY FEDERAL DEBT? III.  |  |
| 13. PROPOSED PROJECT Start Date January 1, 2009 13. ESTIMATED FUNDING:  a. Federal b Applicant c State d. Locel e. Other 1. Program Income 9. TOTAL 18. TO THE BEST OF MY KN DOCUMENT HAS BEEN OUL ATTACHED ASSURANCES IF   | Ending Date December 31, 2005  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  | 18,605,480<br>0 00<br>29,600,000<br>0 00<br>48,205,460<br>F, ALL DATA IN THIB<br>E GOVERNING BODY | a. Applicant 3rd, 4th, 6th, and 15. IS APPLICATI ORDER 12372 PR a. Yes. A THIS DATE  DATE  D. NO. III PROC.  OR PI  17. IS THE APPLICATION/PREAP   | ITIN ION SUBJECT TO IOCESS? PREAPPLICATION ABLE TO THE ST JESS FOR REVIEW ROGRAM HAS NO ROGRAM HAS NO REVIEW ICANT DELINOUE LACE AN EXPLANATION ARE PLICATION ARE  | D. Project prd, 4th, 5th, and 11th D. REVIEW BY STATE EXECUTIVE D. NAPPLICATION WAS MADE THE EXECUTIVE ORDER 12372 W ON DOB  |  |
| 13. PROPOSED PROJECT Start Date January 1, 2009 13. ESTIMATED FUNDING:  a. Faderal b Applicant c Sinte d. Local e. Other 1. Program Incomo 0. TOTAL 18. TO THE BEST OF MY KN DOCUMENT HAS BEEN OUL ATTACHED ASSURANCES IF a. Authorized Representative  | Ending Date December 31, 2005  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  | 18,605,480<br>0 00<br>29,600,000<br>0 00<br>48,205,460<br>F, ALL DATA IN THIB<br>E GOVERNING BODY | a. Applicant 3rd, 4th, 5th, and 15. IS APPLICATI ORDER 12372 PR a. Yes. III THIS DATE D. NO. III PROC OR PR 17. IS THE APPLI  APPLICATION/PREAP OF THE APPLICANT A   | ITIN ION SUBJECT TO IOCESS? PREAPPLICATION ABLE TO THE ST JESS FOR REVIEW ROGRAM HAS NO ROGRAM HAS NO REVIEW ICANT DELINOUE LACE AN EXPLANATION ARE PLICATION ARE  | D. Project prd, 4th, 5th, and 11th D. REVIEW BY STATE EXECUTIVE D. NAPPLICATION WAS MADE THE EXECUTIVE ORDER 12372 W ON DOB  |  |
| 13. PROPOSED PROJECT Start Date January 1, 2009 13. ESTIMATED FUNDING:  a. Federal b Applicant c State d Local e. Other 7. Program Income 0. TOTAL 18. TO THE BEST OF MY KN DOCUMENT HAS BEEN OUL ATTACHED ASSURANCES IF a. Authorized Representative Ms  | Ending Date December 31, 2005  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  | 18,605,480<br>0 00<br>29,600,000<br>0 00<br>48,205,460<br>F, ALL DATA IN THIB<br>E GOVERNING BODY | A. Applicant 3rd, 4th, 6th, and 15. IS APPLICATI ORDER 12372 PR a. Yes. Z. THIS a. Yes. Z. THIS PROC. DATE  D. NO. ID PROC. TO OR PROC. TO | ITIN ION SUBJECT TO IOCESS? PREAPPLICATION ARI F TO THE ST JESS FOR REVIEW ROGRAM HAS NO REVIEW ICANT DELINQUE LIACH AN EXPLICATION ARE IND THE APPLICATION THE APPLICATION ARE  | D. Project prd, 4th, 5th, and 11th D. REVIEW BY STATE EXECUTIVE D. NAPPLICATION WAS MADE THE EXECUTIVE ORDER 12372 W ON DOB  |  |
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| 13. PROPOSED PROJECT Start Date January 1, 2009  13. ESTIMATED FUNDING:  a. Federal  b. Applicant  c. Sinte  d. Local  e. Other  1. Program Incomo  9. TOTAL  18. TO THE BEST OF MY KN DOCUMENT HAS BEEN OUL ATTACHED ASSURANCES IF a. Authorized Representative Prefix  Ms  Last Name Dozier  b. Tille     | Ending Date December 31, 2005  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  | 18,605,480<br>0 00<br>29,600,000<br>0 00<br>48,205,460<br>F, ALL DATA IN THIB<br>E GOVERNING BODY | a. Applicant 3rd, 4th, 5th, and 15. IS APPLICATI ORDER 12372 PR a. Yes. IN THIS DATE  D. NO. III PROC  OR PI  17. IS THE APPL  I Yes II Yes at  APPLICATION/PREAP OF THE APPLICANT A   | ITIN ION SUBJECT TO OCESS? PREAPPLICATION ARI F TO THE ST SESS FOR REVIEN NOVEMBER 14, 20 GRAM IS NOT CON ROGRAM HAS NOT ROGRA | D. Project Grd, 4th, 5th, and 11th D. REVIEW BY STATE EXECUTIVE DIAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 W ON DOB VERED BY E. C. 12372 DT BEEN SELECTED BY STATE INT ON ANY FEDERAL DEBT? II. DI NO TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE |  |
| 13. PROPOSED PROJECT Start Date January 1, 2009 13. ESTIMATED FUNDING:  8. Federal b Applicant c State d Locel e. Other 7. Program Income 9. TOTAL 18. TO THE BEST OF MY KN DOCUMENT HAS BEEN OUL ATTACHED ASSURANCES IF a Authorized Representative MS Last Name Dozier b. Tillo Inform Executive Director | Ending Date: December 31, 2005  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 18,605,480<br>0 00<br>29,600,000<br>0 00<br>48,205,460<br>F, ALL DATA IN THIB<br>E GOVERNING BODY | A. Applicant 3rd, 4th, 6th, and 15. IS APPLICAT  ORDER 12372 PR  a. Yes. IZ THIS  PROC.  DATE  D. NO. III PROC.  17. IS THE APPL  LYBG IT YES A  APPLICATION/PREAP  OF THE APPLICANT A  Mic.  Sui  | ITIN ION SUBJECT TO I | D. Project Grd, 4th, 5th, and 11th D. REVIEW BY STATE EXECUTIVE DIAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 W ON DOB VERED BY E. C. 12372 DT BEEN SELECTED BY STATE INT ON ANY FEDERAL DEBT? II. DI NO TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE |  |
| 13. PROPOSED PROJECT Start Date January 1, 2009 13. ESTIMATED FUNDING:  a. Faderal b Applicant c Sinte d. Local e. Other 1. Program Incomo 0. TOTAL 18. TO THE BEST OF MY KN DOCUMENT HAS BEEN OUL ATTACHED ASSURANCES IF a. Authorized Representative Prefix Ms Last Name Dozier b. Title                  | Ending Date: December 31, 2005  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 18,605,480<br>0 00<br>29,600,000<br>0 00<br>48,205,460<br>F, ALL DATA IN THIB<br>E GOVERNING BODY | A. Applicant 3rd, 4th, 6th, and 15. IS APPLICAT  ORDER 12372 PR  a. Yes. IZ THIS  PROC.  DATE  D. NO. III PROC.  17. IS THE APPL  LYBG IT YES A  APPLICATION/PREAP  OF THE APPLICANT A  Mic.  Sui  | IN SUBJECT TO COCESS? PREAPPLICATION ARI F TO THE ST COME REVIEW CANT DELINQUE CANT DE | D. Project Grd, 4th, 5th, and 11th D. REVIEW BY STATE EXECUTIVE DIAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 W ON DOB VERED BY E. C. 12372 DT BEEN SELECTED BY STATE INT ON ANY FEDERAL DEBT? II. DI NO TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE |  |

| FROM Aehr Test Systems   |                  | (THU)NOV 13               | 2008 14:58/ST           | . 14:57/No. 7500000995 P   |  |  |
|--|------------------|---------------------------|-------------------------|--|--|--|
| APPLICATION FOR FEDERAL ASSIT VCE  |                  |                           | 1                       |  |  |  |
| SF 424 (R&R)   | 3. DATE RECE     | EIVED BY STATE            | State Applic            | ation identifier   |  |  |
| 1. * TYPE OF SUBMISSION  | 4 5 4 - 114      |                           |                         | for the same of th |  |  |
| Pre-application  | 4. Federal Ide   | ontifier                  |                         | RECEIVED   |  |  |
| 5. APPLICANT INFORMATION   |                  | * Organization            | onal DUNS: 0858454      | NOV 1 3 2008   |  |  |
| * Legal Name: Aehr Test Systems  |                  | -                         |                         | 1  |  |  |
| Department:  | Division:        |                           |                         | STATE CLEARING HOUSE   |  |  |
| * Street1: 400 Kato Terrace  | Street2:         |                           |                         |  |  |  |
| * City: Fremont Cau  | nty: Alameda     |                           | *State: CA: C           | alifon   |  |  |
| Province:  | Country: JNITI   | ED ST * ZIP / Postal Code | e: 94539                |  |  |  |
| Person to be contacted on matters involving this applicat                        | lion             |                           |                         |  |  |  |
| Prefix: *First Name:   | Middle Name:     |                           | * Last Name:            | Suffix:  |  |  |
| David  | S.               |                           | Hendrickson             |  |  |  |
| * Phone Number: 510-623-9400 x256 Fs   | ax Number:       |                           | Email: dhendric         | kson@aehr.com  |  |  |
| 6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):                                     |                  | 7. TYPE OF APPLICA        | NT:                     |  |  |  |
| 94-2424084   |                  |                           | R: Small Bus            | iness  |  |  |
| 8. TYPE OF APPLICATION: New  |                  | Other (Specify):          |                         |  |  |  |
| Resubmission Renewal Continuation F  | Revision         | Women Owned               | Small Business Organ    | nization Type ally and Economically Disadvantaged  |  |  |
| If Revision, mark appropriate box(es).   |                  | 9. * NAME OF FEDERA       | L AGENCY:               |  |  |  |
| A. Increase Award  | rease Duration   | Chicago Service Center    |                         |  |  |  |
| D. Decrease Duration E. Other (specify)  |                  | 10, CATALOG OF FEDE       | RAL DOMESTIC ASS        | SISTANCE NUMBER:   |  |  |
| * Is this application being submitted to other agencies?                         | Yes No 🗸         | 81.049                    |                         |  |  |  |
| What other Agencies?   |                  | TITLE: Office of Science  | ce Financial Assistance | e Program  |  |  |
| 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT                                     | CT:              |                           |                         |  |  |  |
| Nano-inkjet Spring for Semiconductor Full Wafer Test                             |                  |                           |                         |  |  |  |
| 12. * AREAS AFFECTED BY PROJECT (cities, countle<br>Fremont, Alameda, California | s, states, etc.) |                           |                         |  |  |  |
| 13, PROPOSED PROJECT:  |                  | 14. CONGRESSIONAL         | DISTRICTS OF:           |  |  |  |
| * Start Date * Ending Date   | _                | a. * Applicant            |                         | roject   |  |  |
| 06/01/2009 03/01/2010  |                  | CA-013                    | CA-01                   | 13   |  |  |
| 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: *First Name;                 |                  | ORMATION                  | * Loot Non- o           | C. 15  |  |  |
| Mr. David  | Middle Name:     |                           | Last Name:              | Suffix;  |  |  |
| Position/Title: Vice President of Engineering                                    | * Organization   | on Name: Aehr Test Sys    |                         |  |  |  |
| Department:  | Division:        |                           | -                       |  |  |  |
| * Street1: 400 Kato Terrace Street2:   |                  |                           |                         |  |  |  |
|  | inty: Alameda    |                           | * State: CA: C          | alifon   |  |  |
| Province:  | Country: JNIT    | ED \$1 ZIP / Postal C     |                         | √  |  |  |
| * Phone Number: 510 623-9400 x256 Fa   | x Number: 510    | 623-9686                  | * Email: dhendric       | ckson@aehr.com   |  |  |

OMB Number: 4040-0001

Expiration Date: 04/30/2008

\* Signature of Authorized Representative

Completed on submission to Grants.gov

21. Attach an additional list of Project Congressional Districts if needed,

Add Attachment

20. Pre-application

OMB Number: 4040-0001 Expiration Date: 04/30/2008

\* Date 9igned

Completed on submission to Grants.gov

Alberta Mills

Add Attachment

La taranga

| APPLICATION FOR  |                          |                   |  |  |  | <u> </u>                                | Version 7/03  |  |  |
|--|--------------------------|-------------------|--|--|--|---|---|--|--|
| FEDERAL ASSISTANCE   |                          | 2. DATE SUBMITTED |  | Applicant Identifier                                 |  |   |   |  |  |
| 1. TYPE OF SUBMISSION:<br>Application                                    | Pre-application          |                   | 3. DATE RECEIV   | ED BY STATE  |  | State Applicat                          | State Application Identifier                        |  |  |
| Construction   | Construction             |                   | 4. DATE RECEIVED BY FEDERAL AGENC  |  | L AGENCY   | Federal Identi                          | fier  |  |  |
| Non-Construction   | Non-Cor                  | struction         |  |  |  |   |   |  |  |
| 5. APPLICANT INFORMATION<br>Legal Name:                                  |                          |                   | _~~  | Organiz  | ational Un   | ít:                                     |   |  |  |
| OI - A   |                          |                   |  | Depado   | ent'   |   | ~~~   |  |  |
| Shasta County Organizational DUNS: RECE                                  |                          |                   | EIVED  | Public V   |  |   |   |  |  |
| Organizational DUNS:<br>8286311791                                       | 7ganiza(ional DONS: )    |                   | net 9  | Division<br>Develor                                  | ment Servi   | ces                                     |   |  |  |
| Address:   |                          |                   |  | Name a   | nd telepho   | ne number of pe                         | rson to be contacted on matters                     |  |  |
| Street:  |                          | MOAT              | 0 -  | involvir<br>Prefix:                                  | g this app   | lication (give are                      | a code)   |  |  |
| 1855 Placer St.  |                          |                   | ADMC HOUSE   | Prefix:  | Al   |   |   |  |  |
| City:<br>Redding   | ding STATE CLE           |                   | ARING HOUSE Middle Name Vincent  |  |  |   |   |  |  |
| Counly:<br>Shasta  |                          |                   | ~  | Last Na<br>Calhey                                    | ne   |   |   |  |  |
| State:<br>CA   | Zip Code<br>96001        |                   |  | Suffix:  |  |   |   |  |  |
| Country:<br>United States  |                          | ~                 |  | Email:   | @aa ahaal  |   |   |  |  |
| 6. EMPLOYER IDENTIFICATION   | N NUMBER                 | (FIN):            |  |  | @co.shast  | a.ca.us<br>a area code)                 | Fax Number (give area code)                         |  |  |
| l  |                          | (-//4).           |  | 530-245  |  | o di da doddy                           |   |  |  |
| 94-6000535<br>8. TYPE OF APPLICATION:                                    |                          |                   |  |  |  | CANT: (See back                         | 530-225-5667<br>k of form for Application Types)    |  |  |
| □ Nev  | v PŽ) o                  | ontinuation       | n 🖺 Revision   |  | 7. TYPE OF APPLICANT: (See back of form for Application Types) |   |   |  |  |
| If Revision, enter appropriate lett<br>(See back of form for description | er(s) in box(e           | as)               |  |  | •  |   |   |  |  |
| (See pack of form for description  | of letters.)             |                   | П  | Other (s)  | Other (specify)  |   |   |  |  |
| Other (specify)  |                          |                   | 9. NAMI<br>USDA-F  | 9. NAME OF FEDERAL AGENCY:<br>USDA-Rural Development |  |   |   |  |  |
| 10. CATALOG OF FEDERAL I   | OMESTIC A                | SSISTANC          | E NUMBER:  |  |  | 10                                      | CANT'S PROJECT:                                     |  |  |
|  |                          |                   |  | Shasta   | County Ser   | vice Area #6. Elk                       | Trall Water Improvement Project                     |  |  |
| TITLE (Name of Program):   |                          |                   | 0  |  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |  |  |
| 12. AREAS AFFECTED BY PR   | OJECT (Cille             | s, Counties       | , States, etc.):   |  |  |   |   |  |  |
| Jones Valley Community in Sha  | sta County               |                   |  |  |  |   |   |  |  |
| 13. PROPOSED PROJECT   |                          |                   |  |  | NAL DISTRICTS  |   |   |  |  |
| Slart Date:  | Ending Da                |                   |  | a. Applic  | ani  |   | b. Project  |  |  |
| July 2009 15. ESTIMATED FUNDING:   | October                  | 2010              |  | 16 IS A  | PLICATIO   | N SUBJECT TO                            | REVIEW BY STATE EXECUTIVE                           |  |  |
|  |                          |                   | _  |  |  |   |   |  |  |
| a. Federal \$  |                          |                   | 3,000,000  | a. Yes.  | Z) THIS P  | REAPPLICATION                           | I/APPLICATION WAS MADE<br>ATE EXECUTIVE ORDER 12372 |  |  |
| b. Applicant \$  |                          | <u> </u>          | 910001000  |  | AVAILABLE TO THE STATE EXECUTIVE ORDER PROCESS FOR REVIEW ON   |   |   |  |  |
| c. State \$  |                          | _                 | 7,000,000  | ~  | DATE:  | 11/13/08                                |   |  |  |
| d. Local \$  |                          |                   | 1,000,000  | b. No. [   | ROGE   | RAM IS NOT COV                          | ERED BY E. O. 12372                                 |  |  |
| e. Other \$  |                          | ~                 | , ua   |  | ORPR   |   | T BEEN SELECTED BY STATE                            |  |  |
| f. Program Income \$   |                          |                   |  | 17. IS T   | FOR RE   |   | NT ON ANY FEDERAL DEBT?                             |  |  |
| g. TOTAL \$  |                          |                   | 10,000,000   | ☐ Yes  | f "Yes" alla   | ch an explanation                       | . Ø No  |  |  |
| 18. TO THE BEST OF MY KNO  | WLEDGE AI                | ND BELIËF.        | ALL DATA IN THI  | S APPLICATIO   | I/PREAPP   | LICATION ARE T                          | RUE AND CORRECT. THE                                |  |  |
| DOCUMENT HAS BEEN DULY.<br>ATTACHED ASSURANCES IF I                      | AUTHORIZE                | D BY THE          | GOVERNING BOD  | Y OF THE APPI  | ICANT AN   | D THE APPLICA                           | NT WILL COMPLY WITH THE                             |  |  |
| a. Authorized Representative   |                          | THE IS A          | TO THE PARTY OF TH |  |  |   |   |  |  |
| Prefix Mr.   | First Name<br>Patrick    |                   |  |  | Midd<br>J.   | le Name                                 |   |  |  |
| Last Name<br>Minturn   | , write                  |                   |  |  | Suffix   | x                                       |   |  |  |
| b. Tílle   |                          |                   |  |  | c. Telephone Number (give area code)                           |   |   |  |  |
| Director of Public Works   | Director of Public Works |                   |  |  | 530-225-5661   |   |   |  |  |
| . Signature of Authorized Representative                                 |                          |                   |  |  | e. Date Signed   |   |   |  |  |

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